

# Chemist & Druggist

Benn >>

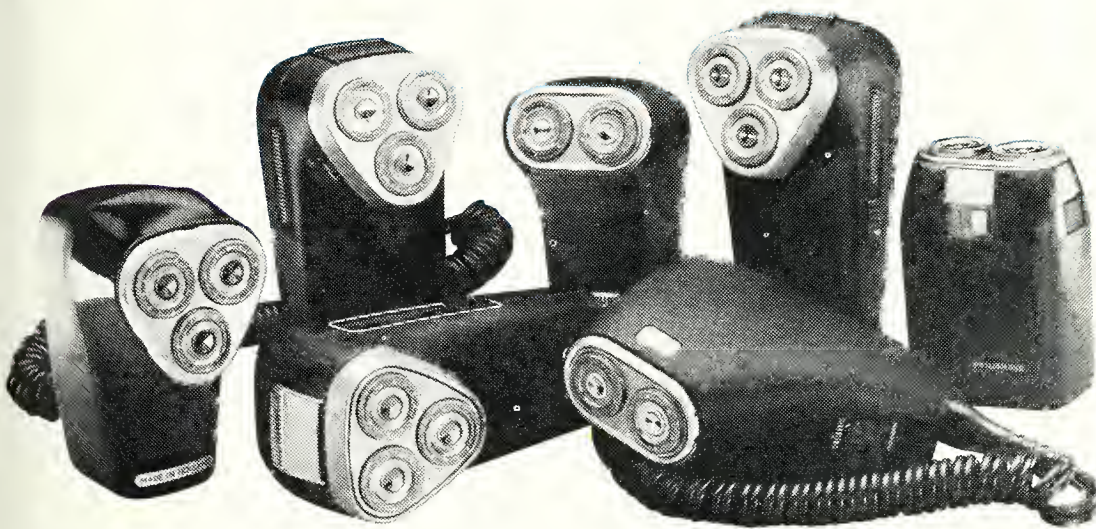
SEPTEMBER 10 1977

THE NEWSWEEKLY FOR PHARMACY



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**LPCs urge  
rejection  
of the offer**

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**Joint support  
for contract  
limitation**

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**Law Society  
to advertise**

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**Glaucoma and  
sunglasses**

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# Chemist & Druggist

The newsweekly for pharmacy

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# Comment

## Day of decision

Of the 16 Local Pharmaceutical Committees submitting motions for the LPC conference on October 2, only one gives unqualified support to the Pharmaceutical Services Negotiating Committee's recommendation that Mr Ennal's remuneration offer should be accepted and negotiations continued.

Two more give support but show evidence of their reluctance to do so. No fewer than nine motions actually incorporate the word "reject", while the remaining four are also clearly on the side of opposition to the offer.

How representative these motions are of the full LPC conference opinion remains to be seen, and there is no means of knowing just how far the committees submitting motions went to ensure that they have accurately interpreted the reaction of their electorate to the offer. That they should secure a mandate is probably more important than on any issue to have come before an LPC conference for some years, since a decision in favour of rejection may lead logically to a call for action, sanctions even, which must be united and backed by the whole hearted support of the vast majority of contractors if it is not to be doomed to failure.

We therefore urge all contractors to take careful note of the issues (further spelled out by Mr Alan Smith, PSNC chief executive on p336) and to then make their decision known to their elected representatives so that the vote on October 2 will be a genuine reflection of not only their mood, but the extent of their willingness to support PSNC in the leadership it must provide.

## The price of silence

A national dental health campaign to include pharmacists must now be in doubt (*C&D*, July 30, p161). The response to the General Dental Council's pilot scheme in Cleveland, Hampshire and Mid-Glamorgan has apparently been poor—only eight requests from pharmacies (out of some 490) for more hand-out leaflets and about 100 requests from the public for a children's jig-saw puzzle. Of the eight pharmacies all but one independent pharmacy in Berkshire were Boots. Could it really be that independent pharmacists are not participating? We think not. But if they are fully implementing the scheme only "behind the scenes" then they must blame themselves if the GDC concludes that Boots pharmacists alone are showing an interest.

For the sake of their national colleagues and for the profession's right to be included in such campaigns more pharmacists in the pilot areas need to contact the GDC, if not for more leaflets at least to comment on the scheme, which is now to be extended to the end of September (originally it was a six-week campaign from August 1 to September 10). We said in Comment at the beginning of the campaign that the retail pharmacist had much to offer the organisers of any health campaign. That is still true, but the message needs to be hammered home before non-pharmacists will understand it. A campaign to include Boots only (that is not to detract from their efforts and abilities) might be national but it would certainly not be a realistic reflection of pharmacy's full potential. The silent majority has another opportunity to be heard. It must speak up!



# LPCs reject offer—one seeks nationalisation

Most Local Pharmaceutical Committees, who have submitted resolutions for discussion at the October conference, have rejected the Secretary of State's offer.

Nottinghamshire LPC, in its rejection, is to call on the Department of Health to prepare a scheme for the nationalisation for all contractors in the event of PSNC's claim for adequate remuneration not being met. A spokesman for the committee was not prepared to explain to *C&D* the reasoning behind this resolution before the October meeting.

Sixteen committees have submitted resolutions (full details appear on p368) of which 13 have rejected the offer. Hereford and Worcester LPC have gone so far as to call for the resignation of Mr Bob Worby, PSNC chairman. Only Newcastle upon Tyne LPC's resolution supports PSNC's acceptance of the proposals without any further qualification.

Papers on planned distribution and NHS contracts between the pharmacist-in-charge and the Family Practitioner Committee (details elsewhere in this issue) are also to be presented to the conference, which is to be held at the Pharmaceutical Society's headquarters, 1 Lambeth High Street, October 2, at 11am.

## What the conference has to decide

The conference of Local Pharmaceutical Committees on October 2 must decide whether to accept the Secretary of State's decision that the profit margin will not be increased, whether to ask that the whole profit margin issue be referred to arbitration, or whether to consider industrial action, including resignation from the NHS contract.

According to Mr Alan Smith, chief executive, Pharmaceutical Services Negotiating Committee, the above are the main issues to be decided. He emphasises that the £5 million offer is a separate issue from the profit margin; the conference must also decide whether to accept the £5m and continue fighting for an adequate profit margin or whether to reject it and continue fighting for an adequate profit margin.

"The most controversial point is the £2m which will be taken from groups 5 and 6 and redistributed amongst groups 1 to 4. Whilst no-one can expect the larger contractors to welcome this measure, even after its implementation groups

5 and 6 will still be making 4 per cent above the negotiated profit margin, inadequate though it undoubtedly is."

Finally he questions "the indiscriminate transfer down the line of remuneration from larger to smaller contractors whether essential or otherwise. The conference may well take the view that the differential on-cost scale should be applied when the number of prescriptions dispensed exceeds 9,000 per annum as approved in principle by the 1976 conference. The cash thus released could be used to extend and bolster up the Essential Small Pharmacies Scheme."

His objections to Mr Ennals' proposals are that not enough cash is offered, the extra money to the smaller pharmacy is indiscriminate in that it would go to all such pharmacies and not only the essential ones, that there would still not be enough money for pharmacists to replace their

stock, and some pharmacies might be tempted to stock frequently prescribed products and attempt to send prescriptions for low cost unpopular products elsewhere.

## CURB hopes pharmacists will support local bans

Dr John Bennett, chairman of the Campaign on the Use and Restriction of Barbiturates, has written to Mrs Estelle Leigh, the Pharmaceutical Society's president, to say that, as the campaign is closing down, the professions involved should now be able to make their own decision on information CURB has given in the past. The organisers hope that there will be a trend towards local "voluntary bans" which could perhaps be initiated by pharmacists.

The only firm evidence of the campaign's success will be a fall in prescribing figures for barbiturates—not expected for another 12 months—but Dr Bennett writes, "we know from our voluminous correspondence that large numbers of doctors have already given up their use entirely." Dr Bennett hopes that as the number of legitimate prescription decreases, forged ones will be more readily recognised and that much smaller stocks of barbiturates need to be held by pharmacists, reducing the break-in risk.

## Defects in the present contract

The main defects to the present contract are that all increased efficiency and productivity are "clawed back" by the Department of Health, and the profit element is so low that the average pharmacist is frequently better off investing his money elsewhere.

These defects were to be outlined by Mr Smith while speaking to Crewe and Chester Branches, National Pharmaceutical Association, on Thursday after *C&D* went to press. He was to quote as examples that increase in stock turn results in a lower stockholding and therefore a lower profitability; buying efficiency resulting in higher discounts leads to more discount "clawed back" by the Department; business efficiency by reducing overheads—such as being economical with electricity—are reflected in the cost inquiry and leads to reduction of overall costs reimbursement; increased productivity, which occurs when the profession as a whole dispenses twice as many prescriptions, results in the total overhead figure being divided by twice the divisor thereby halving the amount for each prescription.

Mr Smith believes that the average contractor has £5,000 invested in NHS drugs which shows such low profit that he would be better re-investing the money elsewhere. The situation has arisen because the Department is a monopoly employer and contractors have been loath to take indus-

trial action. Other drawbacks are:

The contract is not written down in one document, as is the doctors contract, and its full import can only be determined by looking at the original Act, the amending legislation, the Drug Tariff and correspondence between PSNC and the Department.

Re-investment of costs and the distribution of the negotiated profit (ie 10 per cent on capital invested) is done on a per prescription basis and, although accurate on average, is not necessarily fair to the individual; if a contractor does twice as many prescriptions his overheads do not double and conversely if he does no prescriptions his overheads do not disappear.

There is at present no Basic Practice Allowance to compensate for the pharmacist being tied to his business for eight hours a day, regardless of whether there is any NHS dispensing, although this will be partly remedied by a return to the graduated on-cost system.

There is no limit to the maximum number of prescriptions dispensed per pharmacist so the situation could arise where a large number of prescriptions were being dispensed by unqualified personnel under the "supervision" of one pharmacist.

There is no limitation of contract which has led to leap-frogging.

The contract should be made more explicit and understandable.



# Joint support for contract limitation

The Pharmaceutical Society, Pharmaceutical Services Negotiating Committee and National Pharmaceutical Association have agreed that planned distribution should be by limitation of contract and not by limitation of opening of pharmacies.

Areas should be designated "open," "intermediate" and "closed," after considering geographical area, number of prescriptions presented in the area and the resident and transient population. Recommendations should be the responsibility of Local Pharmaceutical Practices Committees, composed of 50 per cent pharmacists, with a pharmacist chairman. These recommendations would be passed for decision to a Central Practices Committee.

A joint statement from the Society, PSNC and NPA, to be discussed at the October conference of Local Pharmaceutical Committees, reads: "Arrangements should be made to ensure a well distributed pharmaceutical service throughout the community."

## Local assessment

"The full catchment area of the doctors practising in each health centre or group practice should be assessed locally with a view to maintaining an acceptable community pharmaceutical service and to determining the need for the introduction of a service within or adjacent to the health centre or group practice."

"If it was agreed to be in the public interest to provide a service in or next to the health centre or group practice, pharmacists will be encouraged to form a consortium to provide such a service, on condition that the Department of Health will provide suitable economic concessions because of the increased overhead costs to be faced by members of the consortium."

"Arrangements for the control of the issue of NHS dispensing contracts should apply in all health centre or group practice catchment areas to safeguard the agreed service. Arrangements should also be introduced to ensure an adequate pharmaceutical service in the remaining areas of the country."

The above statement dealt with all group practice and health centre areas and only left areas of single or two doctor practices to be considered.

The negative side of planned distribution would be by means of restriction

of new NHS contracts in areas where the service is deemed sufficient. Planned distribution by means of inducement payments eg initial practice allowance, relocation allowance, would be the positive side of planned distribution, but would involve the expenditure of large sums, so "new" money would be required.

The Department of Health is aware of the outlines of the scheme but so far have given no indication of their views.

## Explanations help elderly take medicines correctly

Counselling, by a pharmacist, for 15 minutes before discharge from hospital, was the most effective way of ensuring that elderly patients took their medication correctly when they were at home.

This was the conclusion of Drs E. T. and J. B. Macdonald and Margaret Phoenix, clinical pharmacist, Sherwood and City Hospitals, Nottingham, in last week's *British Medical Journal*. The pharmacist explained the name and purpose of the drugs, the dose and time of administration. The patients were asked to repeat the instructions until the pharmacist thought they had sufficient grasp of them.

Memory aids such as a tablet identification card and a prepared daily calendar helped marginally but a "pill wheel" exasperated many patients.

Mr Gilby, district pharmaceutical officer, City Hospital, Nottingham, told *C&D* that they were trying to continue the counselling, concentrating mainly on elderly patients but said he needed extra staff to do the job efficiently.

## Wholesaler's oldest customer: our longest subscriber?

Mawdsley-Brooks & Co Ltd, the Manchester-based wholesaler with a history going back 150 years, thought the Jubilee year was an ideal time to pay tribute to their oldest customer, Mr William Buchan Ross.

The company has presented him with a brass pestle and mortar by way of thanks for his custom and for over 50 years service to pharmacy. Mr Buchan Ross, who is 84, wonders whether he is also *C&D's* longest subscriber—having subscribed since 1920.

Qualifying in 1916, he bought his first pharmacy in Bolton three years later, since when he has been a regular customer of Mawdsley-Brooks. In 1925 he moved to a pharmacy in Oldham Road, Manchester, which is now run by his daughter, Mrs Veronica Buchan Jones. His grandson, too, is hoping to study pharmacy at Bath University.

Mr Buchan Ross still works four hours a

day and claims his "life would be a misery without it." He reminisces fondly about his apprenticeship when he worked the clock round every day except his "half day", which was spent at Manchester School of Chemistry and Pharmacy, and Sundays when he worked two hours. In those days he collected the orders himself in a belt slung round his waist.

Much as he loves pharmacy, Mr Buchan Ross would not like to be embarking on his career today, mainly because he believes much of the traditional art of dispensing has gone. "Everything is ready packed for you," he explains. He contributes a great deal to the family business by remembering many of the older remedies customers still ask for but which "the youngsters have never heard of." And he remembers clearly the time *C&D's* subscription was only ten shillings. "We were horrified when it went up to £1!" he says.

Mr David Solomons, sales director, Mawdsley-Brooks, presents an engraved pestle and mortar to Mr Buchan Ross. Looking on are Mrs Buchan Jones and Mr L. Alderslade, Mawdsley-Brooks' representative





# PSNC against contracts with pharmacists-in-charge

The Pharmaceutical Services Negotiating Committee is unable to support a proposal, put forward at the LPC conference on November 21, 1976, that the NHS contract should be made between the pharmacist-in-charge of the premises and the Family Practitioner Committee.

PSNC is to present a memorandum, giving its reasons, to the LPC conference on October 2. The following is an extract:

Recommendation 5 of the report of the NHS working party on the general pharmaceutical services (accepted in 1972) was that the contract should remain, as at present, between the FPC and the proprietor of the pharmacy, because it has stood the test of time and the responsibility is put squarely on one pair of shoulders (subject to the general law governing pharmacy).

## Employee's liability

The working party report recognised the legal liability of the pharmacist employee under the present law: "If a breach of the contract is alleged which may involve the pharmacist, he receives note of any inquiry that may be held and may attend to state his case. He cannot be compelled to attend... Even where he may be found blameworthy, no financial penalty can be imposed on him so that within the service the proprietor must accept the responsibility for any professional error committed by a pharmacist employed by him." The manager is not a party to the contract and therefore cannot be in breach of it.

The report also stated "The view of the Executive Council's Association is that the contractor should be held responsible for the acts of his employee." The acceptance of a contract with the pharmacist-in-charge would cause a considerable increase in responsibility for that pharmacist.

The report of the Linstead working party, in considering the legal aspects, ignored the vicarious liability of the employer under English common law, namely that a master is liable for the torts (eg negligence) committed by his servants during their employment.

The working party agreed with the Pharmaceutical Society that "Since no sanctions could be imposed by the Executive Council against an employee pharmacist there was no value in the suggestion that the pharmacist should

be a party to the contract."

This argument is regarded as unsoundly based. If the contract were with the pharmacist-in-charge, the FPC would make direct payments to the pharmacist for the NHS work carried out in the pharmacy and the pharmacist would, presumably, pass the costs of the ingredients etc and a "royalty" to the owner. The FPC could, therefore, withhold the pharmacist's remuneration in a similar way to which it withholds remuneration of chemist contractors under present Regulations.

In his evidence, Mr F. W. Adams, formerly secretary-registrar of the Society, sought to overcome the financial difficulties by apportioning responsibility with: The owner and manager being jointly liable for those terms of service with which the latter is involved; the owner being required by his terms of service to include in his contract of service with the manager an obligation on the latter to accept this responsibility; modification of the Service Committee and Tribunal Regulations by providing for apportionment of blame for breach of the terms of service; and the contract to provide for the manager to reimburse the owner for withholdings due to a breach for which the manager was responsible.

## Present contract

Whether an employee pharmacist can, under the present Regulations, contract directly with the FPC hinges on the interpretation of Section 69 of the Medicines Act 1968, ie whether an employee pharmacist is "conducting a retail pharmacy business."

Section 69 states "a person carrying on a retail pharmacy business shall be taken to be a person lawfully conducting such business if that person is a registered pharmacist or partnership of pharmacists, a body corporate (under the management of a superintendent pharmacist); a representative of a deceased, bankrupt or mentally ill pharmacist."

An employee pharmacist-in-charge could be included in the above definition if he can be deemed to be "carrying on a retail pharmacy business". This is true of the employed (salaried) pharmacist and a pharmacist director of a limited company. In the latter case, the limited company is a legal entity in itself with the power to contract through

its human agents. If only the owner is deemed to be "carrying on a retail pharmacy business" then the owner is the "person lawfully conducting a retail pharmacy" not the pharmacist.

The method of attempting to secure the pharmacist-in-charge as the contracting party would be by application to the FPC for a contract by a pharmacist-in-charge on the normal application form as set out in the NHS Regulations.

The pharmacist-in-charge of the pharmacy, unless he is also the owner of the pharmacy, cannot contractually bind his company or employer unless he has the authority to do so from the company or employer and *vice versa*. If the employee entered into contract with the FPC, he is dependent on the owner to provide premises and stock, in order that the employee can carry out his contract. The converse may be argued in that the employer is dependent on the employee pharmacist to "control personally the sale or supply of medicinal products" and exhibit his certificate—Section 70 Medicines Act—but this is not a strong argument as the employer may be dependent on a pharmacist but is not dependent on the particular pharmacist in charge.

## Position in contract law

English contract law is based on "freedom of contract". Although the legislature may interfere with this freedom in order to protect a weak party, it will only do so in exceptional cases.

The majority of contracts in English law require "consideration" a "*quid pro quo*" or "form" ie deed. Assuming it were possible to provide for a contract between the pharmacist-in-charge and the FPC, the owner, who would be a third party to the contract, would be able unilaterally to frustrate the contract by withdrawing his support from the pharmacist or by terminating his contract with the pharmacist.

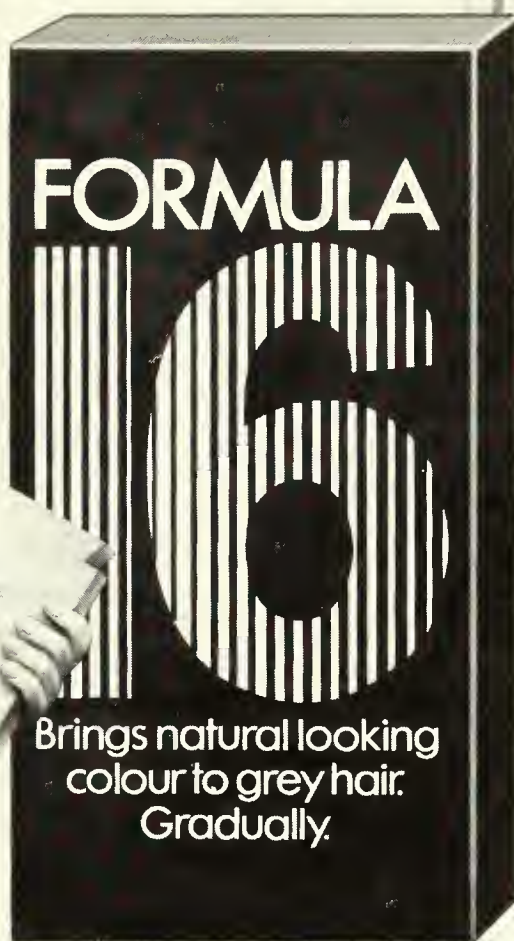
The effect of this frustration by the employer would be that the contract would be terminated as to the future and not void *ab initio*. All rights and obligations arising from the contract up to the date of frustration would, therefore, be contractually binding on both parties.

In practice, such frustration by the owner would not serve his interests because he would lose his NHS revenue, but it should be borne in mind when deciding the wording of the contract. The employer pharmacist and the owner of the pharmacy should both be advised that, when contracting, it is always wise to protect oneself by agreeing subject to the words "unless prevented by causes beyond his control." Employees would, if the contract lay with the pharmacist-in-charge, be eligible to be elected to the PSNC and the effect on NHS remuneration negotiations could be considerable.





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# Law Society levy backs TV campaign for solicitors

The Law Society is to spend £300,000 in the next year on a national advertising campaign. The money is to be raised by a levy of £10 on all practising solicitors, that is those who hold practice certificates. The levy, to be added to the annual fee, has been approved by the Law Society's council and by the Master of the Rolls, Lord Denning. Although the Monopolies Commission has said that solicitors should

advertise, the Law Society is strongly opposed to individual advertising, but they do not regard this campaign as a "sop" to the Commission. Mr Don Cassell, Press officer of the Law Society, told *C&D* this week that such a campaign had first been suggested 15 to 20 years ago.

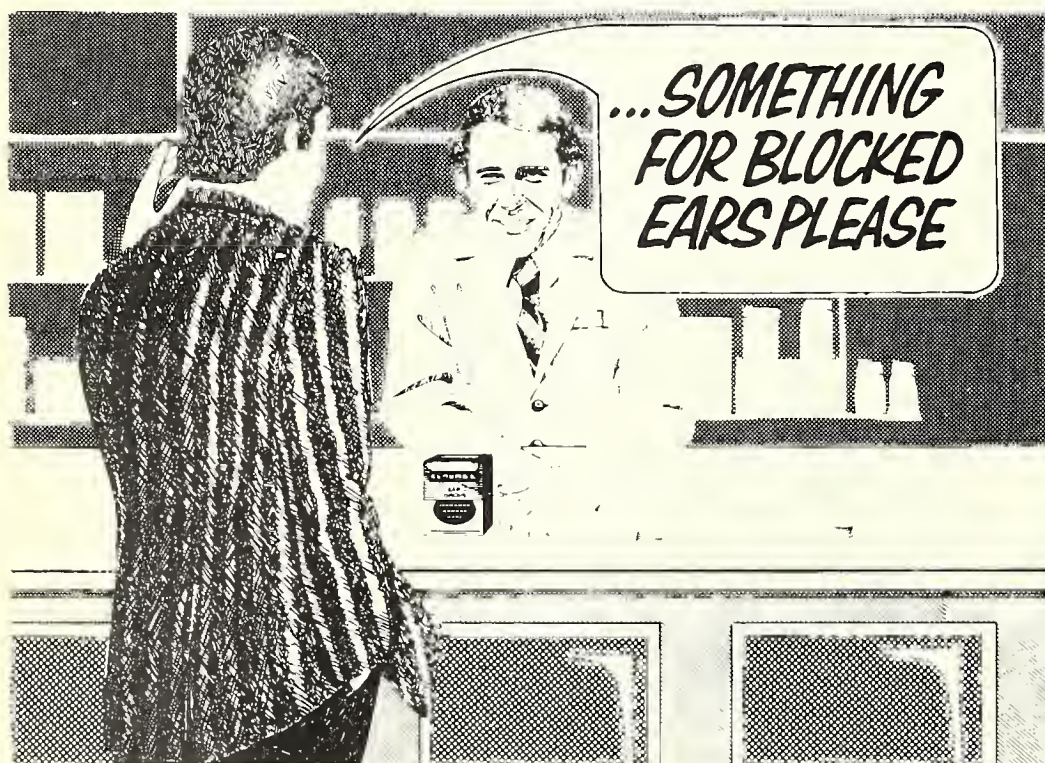
The prime aim of the campaign, which will be mainly in the form of television advertisements, is to show the public the

extent to which a solicitor can help and advise, including his little-known role as a tax adviser. The society also hopes to increase the work load of solicitors and generally improve the public image of the profession (the Law Society prefers to call it an information rather than an advertising campaign). A market research team has been employed to assess the success of the campaign. Mr Cassell stresses that, as they are lawyers, any claims put forward by them in the advertisements must be correct and, as they represent a professional body, the claims must not be extravagant. Solicitors themselves are expected to be the most critical viewers of the campaign and the society has laid down fairly rigid rules for the advertising agency, Rupert Chetwynd & Partners Ltd.

A great deal of background work over the past 18 months has gone into the design of this campaign. The Law Society has consulted the Press officers of most of the 120 local law societies (as with pharmacy, local societies are encouraged to appoint a Press officer) and has shown them the basic outline of the campaign.

Encouragement has been given to extend the campaign at local level by supplying "kits" for use on local radio and in the local Press. Some local groups have been so enthusiastic that they are prepared to spend more for their effort.

The Law Society operates rather differently to the Pharmaceutical Society. Membership is not obligatory but includes the use of many advisory services, the library, the bar and the restaurants. Since members in the provinces cannot fully utilise these services their membership fee is less. However solicitors whose names appear on their letterheads or who perform certain legal work must have a practice certificate. These are the people paying for the campaign but they are also the people who will benefit from it. In Scotland, membership is obligatory and there have been several advertising campaigns over the past few years.



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## Numark wholesaler forms finance company

E. H. Butler & Son Ltd, pharmaceutical wholesalers and Numark's franchised wholesalers for part of the Midlands and the northern home counties, have formed an associate finance company, called Galen Finance Ltd. A similar scheme by Numark's Herbert Ferryman Ltd, Southampton, was announced earlier this year (*C&D*, May 7, p624).

This company has been formed to help meet the demand from an increasing number of young pharmacists wishing to acquire independent businesses and to assist existing chemist customers who wish to expand by purchasing larger premises or who wish to modernise existing shops.

It was decided to operate Galen Finance Ltd as an independent company to meet the specialised need for extra cap-



ital required by a large number of independent pharmacists who are finding the traditional methods of raising short term capital difficult to achieve.

"We looked around for some method to provide independent pharmacists with medium term finance," says Mr Hugh Butler, chairman and joint managing director. "We wanted to provide capital which would be available at commercial rates for perhaps a five or seven year term and found that some banks were not prepared to advance capital to retailers but when applications were made with the support of a wholesaler, consideration was given."

With the co-operation of one of the clearing banks, substantial funds can be made available to retailers in various ways. Galen Finance Ltd will either lend a set sum of money as a straight loan to be repaid at bank rate plus a small initial service charge or a business can be purchased for the prospective proprietor, who will repay the loan over an agreed period of time out of earned profits. "We can tailor each deal to the requirements of the individual concerned says Mr Butler. "But the main advantage is that pharmacists, and more particularly the younger ones in our area now have access to money which may not otherwise have been available to them."

## IPU criticises drug price increases

The Irish Pharmaceutical Union has criticised a 28 per cent increase in the prices of Valium and Librium in the Republic of Ireland. Speaking recently on Irish television and radio, Mr George Ledwith, IPU secretary, disagreed with the Minister of Health's view that the increases were justified. He felt the health services would soon be in jeopardy if such increases were allowed and private patients might not be able to afford to have prescriptions dispensed.

The IPU is soon to make representations to the Minister of Health asking that he urge the Ministers for prices and commerce to investigate all price increases for imported drugs in the same way as prices of drugs manufactured in Ireland.

Mr Ledwith told *C&D* that Hoffman La Roche defended its increases because they had not put up prices for 12 years. However, a spokesman for Roche said that the new prices were agreed with the Irish Government and are among the lowest in Europe. The price of a daily dose of Valium in the Republic is 3p.

## People

**Sir Campbell Adamson** is to become chairman of Revertex Chemicals Ltd from January 1, 1978, on the retirement of Dr Ernest Brookman. Sir Campbell was a former director general of the Confederation of British Industry.

# Topical reflections

BY XRAYSER

## Recommendation

In your comment concerning the offer to chemist contractors you make reference to Mr Worby's "cool and reasoned" approach as exemplified in his statement on p270. In the course of that explanation of the present situation and the decision by the Pharmaceutical Services Negotiating Committee to recommend acceptance of the conditions contained in the recent offer of Mr David Ennals and his Department, Mr Worby is realistic when he says that his Committee cannot afford to bring contractors into head-on collision with the Government "unless we are very, very sure that all will be of one mind". He went on to say that in the light of the terms of the Secretary of State's offer, and its immediate significance for so many contractors, the Committee was not convinced that it had such a situation.

Such a statement must inevitably influence the conference of local representatives to be held on October 2. But it seems a pity that so much was made of the whole thing in Parliament—a situation in which the Pharmaceutical Society somehow became involved—if the PSNC is to recommend to the conference acceptance of the scheme of redistribution. It may not be easy to secure parliamentary support on another occasion. Unpalatable as the recommendation may be, it is to be assumed that before making it the PSNC had taken soundings to find out the extent of the support a head-on collision would be likely to find in the country. We must await the conference and its decisions, but I note that the motion standing in the name of the Lincolnshire Pharmaceutical Committee, while "viewing with dismay", simply calls upon the PSNC to resume negotiations immediately—or, in the words of Mr Worby himself, "redouble our efforts to press our claim."

## Phasing out

What is the difference between withdrawing a drug from use and simply "phasing it out"? The question is prompted by the decision to withdraw, at the behest of the USA Food and Drug Administration, phenformin in the treatment of diabetes. Studies have shown that lactic acidosis occurs at a rate of 0.25 to 4 per thousand phenformin users and that half of those who develop the condition die. One would need to know the actual number of users to appreciate what that means in total deaths but it seems that whatever that may be it has been sufficiently alarming to the administration to bring about the withdrawal of the substance except in a small number of patients who meet certain specific conditions.

The manufacturers of the drug here (Winthrop) have stated that in their opinion there is no need to withdraw it in Britain. It had been known for several years they said, that there was a risk associated with its use, but the exact degree of risk was open to question. Doctors had been made aware of that risk, both in a letter from the Committee on Safety of Medicines issued last year, and in the current data sheets, and that, the manufacturers think, is sufficient.

It seems unlikely that the risk is any greater, or any less, in the USA, and the makers in this country have cautiously added that the ultimate decision rests with the Committee on Safety of Medicines. That may stimulate the CSM to have another look at all the evidence, for it seems that the onus now lies on that body, in the light of the American decision and the attitude of the manufacturers of Dibotin. The responsibility is heavy. Not for the first time, a balance has to be struck, and it seems to me that it cannot be left to an opinion of the manufacturer.

**Detective Superintendent John Smith** has been appointed deputy head of the drug squad, succeeding Detective Superintendent Fred Lough. Det. Superintendent Smith was formerly a uniformed superintendent at Lewisham.

### Deaths

**Massie:** On August 28 at Law Hospital,

Carlisle, Mr Peter Young Massie, MPS, 285 Kirk Road, Wirshaw, Lanarkshire. He qualified in 1926.

☐ The Pharmaceutical Society Statutory Committee is to meet at 1 Lambeth High Street, London SE1 7JN, on September 20-22.



# New products

## Cosmetics and toiletries

### Babe bath products

A Babe bubbling bath (£1.95) and Babe moisturising body lotion (£2.95) have been added to the range of products now available from Fabergé. The bubbling bath is packaged in an unbreakable bottle and cleanses the skin as well as scenting it with Babe perfume, and the body lotion, suitable for all skin types, is packed in a Babe embossed glass bottle (Fabergé Inc, Ridgeway, Iver, Bucks).

### Revlon moisture cream

Revlon have introduced a moisture release night cream into their Moondrops range (£3.45). It is designed to form a sheer invisible film which "locks in" natural moisture and guards against "night time evaporation." The cream is available for sale mid-month (Revlon International Corporation Ltd, 86 Brook Street, London W1).

## Veterinary

### Calf scour and warble fly

Beecham calf scour formula (£3.60 per 12 pairs sachets) is available in cartons of 10 × 12 pairs sachets as a non-antibiotic calf scour treatment to counter symptomatic dehydration. Orbisect warble fly liquid (£12.24 per 2L) is a super-concentrated systemic insecticide for warble fly and lice and is available in four × 2L packs (Beecham Animal Health, Manor Royal, Crawley, West Sussex).

## Sundries

### Room temperature indicator

Mercury Services (Wilmslow) are introducing an alternative to the conventional



mercury thermometer. It is less expensive than conventional types and is based on liquid crystals which respond to room temperature changes. A band running on the centre of the thermometer changes colour from the high temperature range, through the ideal standard, down to the low range. The ranges are clearly marked with appropriate warnings, which should be of particular advantage to the elderly: the thermometer draws attention to the waste of fuel when the temperature is too high, and warns against the danger of too cold a room. The device (£0.45) is available in display outers of 24 (distributors, Pharmagen Ltd, Chapel Street, Runcorn, Cheshire).

# Prescription specialities

## INSULIN LEO MIXTARD injection

**Manufacturer** Nordisk Insulin Ltd, 17 Halkingcroft, Langley, Berks.

**Description** A biphasic insulin having the rapid effect of 30 per cent soluble insulin with the protracted effect of 70 per cent isophane insulin. Both are highly purified pork insulins.

**Indications** Diabetes. The minimal antigenic properties make it recommendable in the treatment of new insulin-demanding cases of diabetes, in the treatment of lipoatrophy, insulin allergy and insulin resistance. Also suitable for patients needing supportive treatment during pregnancy or operation.

**Contraindications** In hypoglycaemia.

**Dosage** The effect begins half an hour after subcutaneous injection and lasts up to 24 hours, with maximum effect between the 4th and 8th hour. Usually given once daily. Insulin Leo Neutral or Insulin Leo Retard may be added if required.

**Precautions** Diabetics previously treated with insulin of beef or mixed beef and pork origin may require their dosage adjusted downwards if changed to Insulin Leo Mixtard.

**Storage** Between 2° and 10°C protected from sunlight. Insulin which has been frozen should not be used.

**Packs** 10ml vials, 40 units per ml (£1.87 trade); 80 units per ml (£3.18).

**Supply restrictions** P1, S7.

**Issued** September 1977.

# on TV next week

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

**Anadin:** All areas

**Aquafresh:** All except E

**Aviance:** All except E

**Crest:** All except E

**Fairy toilet soap:** M, Y, NE, G, WW, A, U

**Farley's rusks:** All except E, CI

**Harmony hairspray:** All areas

**Head & Shoulders:** Ln, Y, Sc, A, U

**Nivea:** Sc, A, U, G

**Tickle:** B

**Vitarich:** Lc

**Vosene:** All except E

**Wilkinson Sword blades:** All except E

## Benylin fortified—with dextromethorphan

The counter-sale pack (125ml) of Benylin with codeine is being replaced by a new formulation containing dextromethorphan hydrobromide in place of the codeine phosphate. It will be known as Benylin fortified linctus and the full composition (per 5ml) is:- diphenhydramine hydrochloride 14mg, dextromethorphan hydrobromide 6.5mg, sodium citrate 57mg, menthol 1.1mg. The formulation will not require a signature from the purchaser under the scheme recommended by the Pharmaceutical Society. Benylin with codeine remains available for dispensing purposes in the 2.25 litre pack.

The new formulation (125ml, £0.62) is packaged in similar style to the others in the range and the outer carton is overprinted "dry cough" in blue. Four-hourly dosage for adults is 10ml, for children 6-12 years 5ml, and for children aged 1.5 years 2.5ml.

Parke, Davis & Co, Usk Road, Pontypool, Gwent NP4 8YH, have admitted that since October 1975 (when the president of the Pharmaceutical Society announced the additional controls on Benylin with codeine because of fears concerning its abuse potential) sales ex factory have fallen by some 70 per cent. This was attributed to some pharmacists' reluctance to sell or even stock the product and the lack of shelf facings as it was relegated to the dispensary. Parke, Davis have consulted the Society about the new formulation and are informed that the Society will advise members that Benylin fortified linctus will not be subject to the additional controls specified in 1975.

Parke, Davis have undertaken to exchange all stocks of Benylin with codeine on a one-for-one basis—and will offer an introductory bonus on any additional orders.





# *Rapport*

A frankly feminine fragrance  
by MAX FACTOR



# YOU'VE EVERYONE'S





# GOT IT. WEARING IT.

Rapport. The fragrance for the girl who's successful in her work, and in her relationship. The fragrance that's already proved to be an overwhelming success because it fits her mood perfectly, day or night, work and play.

It says what she wants to say.

## SUCCESSFUL FOR YOU

Already, as your sales will have proved, millions of women have heard about, read about and bought Rapport.

And not surprisingly. As promised, since July we've invested in a continuous advertising programme – an all-network TV campaign, radio commercials on London Capital, Manchester Piccadilly, Glasgow Clyde and on Radio Luxembourg, where we've featured a "Musical Rapport" competition, with a Greek holiday prize.

There's been lots of promotional activity too, including a free Rapport sampling in Over 21 and in September, a Look Now Competition offering a prize of a Honda Civic car.

And now, we can promise that millions more women will soon be hearing about Rapport.

## ANOTHER MASSIVE TV BURST

Commencing on October 17th, we'll be repeating the Rapport commercial in another all-network TV campaign.

The 30 second spots will give over 30 million adults the chance to see our TV advertising once more.

And of course, the Rapport advertisement will continue to feature strongly in all the leading womens magazines backed up by even more

promotions, like the Cosmopolitan "Rapport rating" quiz and the Honey "Guide to Rapport" booklet.

## MAKE SURE YOU'RE PREPARED

So don't say you haven't been warned! This further advertising means there'll soon be even greater demand for Rapport.



Take full advantage and ensure you're really well-stocked now.

After all, if you've got it, she'll be wearing it.

# Rapport

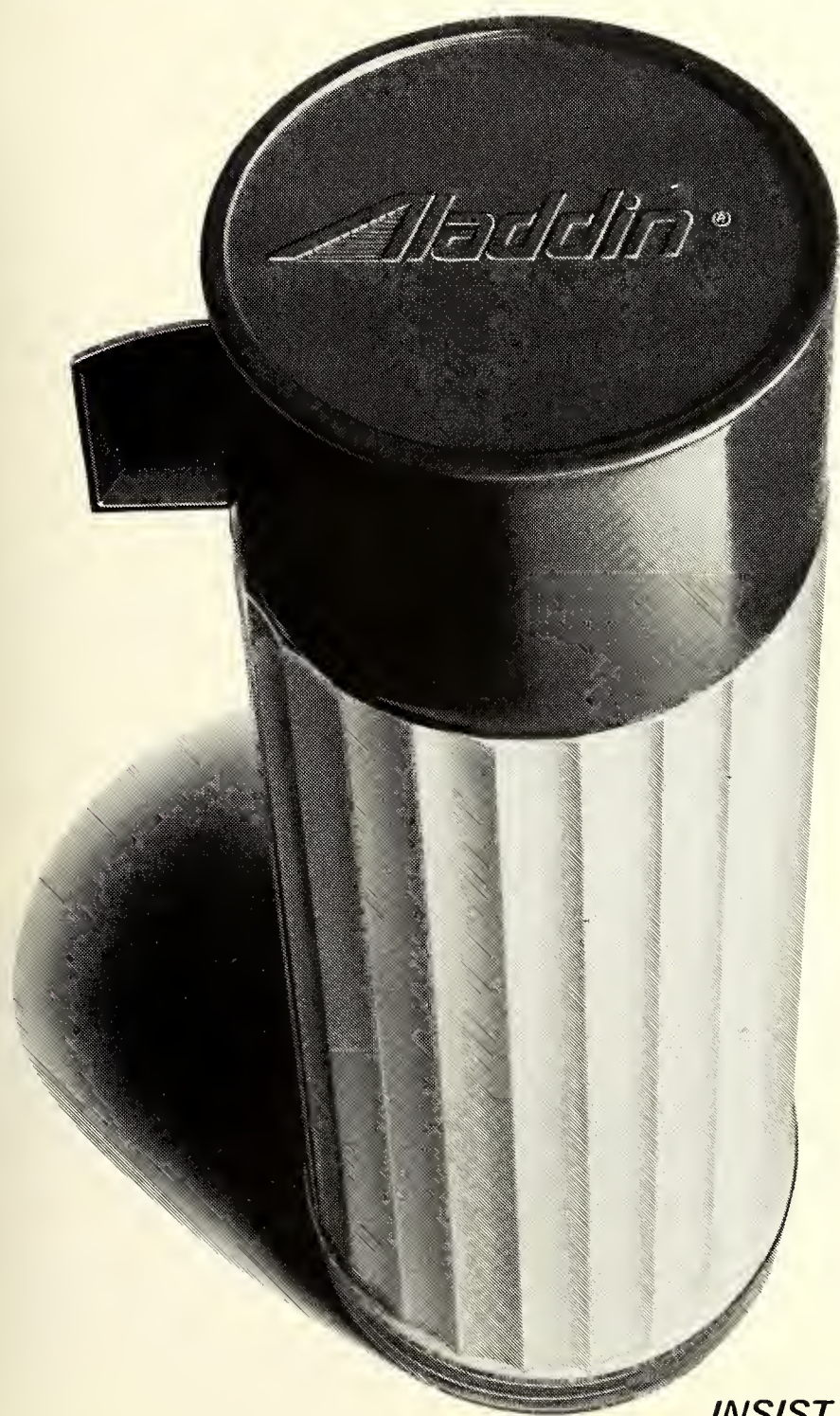
A frankly feminine fragrance  
by MAX FACTOR







# When you want the best in vacuum flasks go straight to the top.



Aladdin, the top name in vacuum flasks, make a full rustless range in durable plastic. They're tops in design too with modern eye catching colours, the latest of which is the new Tulip design for the Concorde range.

Aladdin are launching their biggest ever advertising campaign this autumn in five areas using commercial radio.

Customers will hear the Aladdin commercial on Capital, LBC, Thames Valley, Victory and Radio Tees up to "35 Times a Week" for four weeks.

So don't be sold out this autumn—order your Aladdin flasks now!

**For greater profits**

**INSIST ON** ***Aladdin***®



# Trade News

## TV and radio planned for Parker's and Benylets

After the successful double launch last winter of Parker's cough linctus and Benylets cough and sore throat lozenges, Parke, Davis & Co, Usk Road, Pontypool, Gwent NP4 8YH, plan their heaviest promotion ever in an attempt to enlarge the brands' market share.

There will be heavy television or radio advertising for each brand during the critical November-December period, directing the customer into the pharmacy. Both are chemist-only, and Parke-Davis are providing a range of already-tested selling aids to help the pharmacist take advantage of the advertising.

Parker's will be on television in London, South, Midlands, Anglia, Harlech and Westward, and on the following radio stations: City (Liverpool), Piccadilly (Manchester), Clyde (Glasgow), Forth (Edinburgh), Metro (Newcastle), Tees (Teesside), Hallam (Sheffield) and Penine (Bradford).

Benylets are on television in Lancashire, South, Trident, Anglia, Scotland, Westward, Harlech and Border, and on radio as follows: - Capital, LBC (London), BRMB (Birmingham), Beacon (West Midlands) and Trent (Nottingham).

## Philips' big spend

Pre-Christmas advertising from Philips Electrical Ltd, City House, 420 London Road, Croydon CR8 3QR, will concentrate on personal care products and the company says it is allocating "record budgets to promote the Philishave and Ladyshave ranges". The Philishave campaign breaks nationally at the end of September and runs through to Christmas. From mid-November to Christmas the company is repeating last year's commercial for Ladyshave in the London, ATV, Southern, South West, Granada, Wales and West, Anglia and Scotland areas. A second burst of advertising breaks in the Granada, ATV, Yorkshire, Tyne Tees and Scotland areas early in November for the Home Trim. From now until October Ultraphil de luxe sun lamps are being promoted with full page colour advertisements in the *Observer* magazine, *Sunday Times* magazine, *Punch*, *Radio Times*, and the *Sunday Telegraph* magazine.

## Gon counter display

A counter display for the new pack Gon chilblain tablets is now available. Albion Soap Co say that previous shortages are a thing of the past. The tablets are now blister packed in 48s, and the whole pack has



been updated. The marketing manager for Gon says that the budget for winter advertising has been increased from last year. Retail distributors are Ernest Jackson & Co Ltd, Crediton, Devon.

## Solport install Ansafone

To augment the recent installation of their telex, Solport Bros Ltd, Portia House, Goring Street, Goring-by-Sea, Worthing, West Sussex BN12 5AD, have now installed an Ansafone service.

## Formula 16 competition

Formula 16, distributed by De Witt International Ltd, Seymour Road, London E10, is running a "Stars and Stripes" competition for the trade until December 31. An entry form is supplied with every display pack of Formula 16, purchased from September 1. First prize is a 14-day holiday for two in the United States visiting famous cities and a 35-mm Halina camera will go to 100 runners-up.

## Aviance nights

The television commercial for Aviance the latest perfume from Prince Matchabelli, Victoria Road, London NW10, runs in all areas (except Eire) until the beginning of October. The company is spending £300,000 on the advertisement which was devised by an all woman creative team and has the copy theme "I've had a whole day of motherhood, but I'm going to have an Aviance night".

## Paletta's double promotion

Schwarzkopf Ltd, Penn Road, Californian Trading Estate, Aylesbury, Bucks, are running their first major promotion on Paletta spray sets. The two-fold promotion entitled, "Join the Paletta set" has a first prize of £1,000 worth of hi-fi equipment from Bang & Olufson, including installation and guarantee. There are ten runners-up prizes of portable radios. The competition is based on the correct identification of "Music milestones" in the history of recorded music. The entrant chooses one answer from a selection of three and completes a tie-breaker slogan;

the entry must be accompanied by proof of purchase. A further aspect is the chance to buy 25 long playing records at saving of £1 to £2. All retailers participating in the promotion will have the chance to win a portable radio worth £100.

## Leichner lipstick discounts

All retailers stocking products from L Leichner (London) Ltd, 436 Essex Road, London N1 3PL, are offered a seven and a half per cent trade discount on orders of 48 lipsticks or more from September to mid-October. The deal includes a tester unit and a headboard.

## Braun face 1978

In conjunction with *Look Now* magazine Braun Electric (UK) Ltd, Dolphin Estate, Windmill Road, Sunbury-on-Thames, Middlesex, and Yardley cosmetics are touring the country to find "the face of '78". The road show will be visiting Glasgow, Newcastle, Birmingham and London, and will feature lunchtime demonstrations of Braun appliances and Yardley cosmetics in the local Lewis's store followed by a discotheque at the local Mecca ballroom. During the evening stylists from Glemby International will be demonstrating the Braun hair styling appliance and three girls will be chosen to represent the area in the "face of '78" finals being held in London. Each finalist will be given a Braun appliance and the winner will appear on the cover of the January issue of the magazine.

## Redesigned Selsun packs

Abbott Laboratories Ltd, Queenborough, Kent, have introduced redesigned 50 ml, 100 ml and 150 ml plastic Selsun bottles, shrinkwrapped in packs of six bottles. The face of the new bottle boldly displays the phrase—"Selsun—the medical treatment for dandruff", and initial supplies of 100 ml and 150 ml will bear an "Improved formula" label. The improved formula, which has been available in old design bottles for some months, results from the inclusion of a new bouquet compound. The price is unchanged.

More Trade News on p346





# SUPER NEW NAPPY LINERS

**FULL COLOUR POLYETHYLENE  
FLAT PACK · 100 LINERS**

**BOX IN OUTERS OF 40 or POLYBAGGED  
IN 10's FOR C&C**

Material specifications and checking  
routines are to the highest standard,  
and identical to those at present used  
in production and supply to many  
multiple organisations.

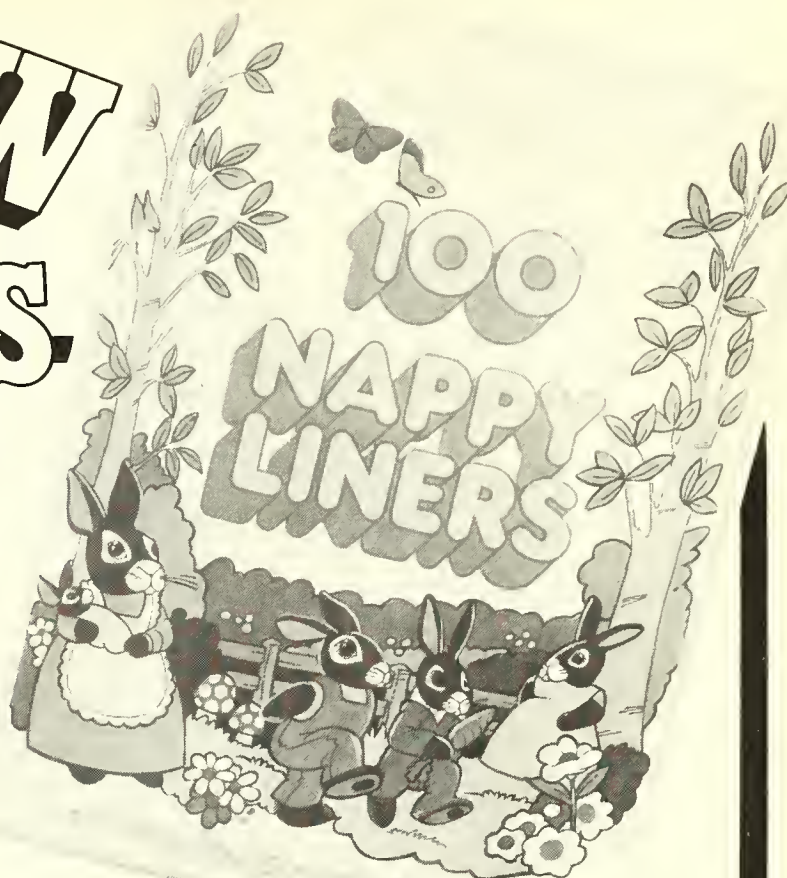
FOR SAMPLE & DETAILS OF PRICE ETC.,

Telephone: 021-553 2502

OR WRITE TO:

## Merrell & Pardoe Limited

KELVIN WAY · WEST BROMWICH · WEST MIDLANDS B70 7JW.



# You've got a full stock of all your prescription needs in your local Barclays depot.

You can't stock everything.

But we're never far away

with a really fast, really reliable  
pharmaceutical delivery service.

Tell us what you need and  
when you need it.

We'll be there.



 **Barclays**

BARCLAYS, 19c Orgreave Close, Sheffield S13 9NT.  
The national company with the local service.



# Trade News

Continued from p344

## Relaunch of Wright's Coal Tar soap

LR/Sanitas Ltd, Sanitas House, Stockwell Green, London SW9 9JJ, are relaunching "one of the most famous names in the soap market"—Wright's Coal Tar soap. The company is aiming for a bigger share of the market with the revamp which includes a new shape, new packaging and the introduction of a new coal tar soap under the Wright's name. The traditional soap, one of the oldest established brands on the market, will retain a strong link with the old pack design but will have a modernised look. The new soap is called Spring Fresh Coal Tar soap and it will be sold alongside the original in an effort to widen the appeal. It has a smoother oval shape, is pale beige and combines the properties of a coal tar soap with a citrus freshness. The wrapper is green and beige.

Both soaps are being supported with a national television advertising campaign featuring them as ideal for "clean and healthy family care." The campaign, the most extensive Wright's have run in some time, begins on November 21 and runs until January 8. Other support includes price cuts consisting of 2p off toilet size, 5p off bath and 7p off giant size. Point of sale material is available including shelf stickers and a dump bin.

## Urografin pack change

Schering Chemicals Ltd, Burgess Hill, West Sussex RH15 9NE, say that all stocks of the 20 x 25ml pack of Urografin 325 are now exhausted and the 20 x 20ml pack should be ordered instead.



The Derbac leaflet dispenser from department WEN, Bengue & Co Ltd, St Ives House, St Ives Road, Maidenhead, Berks, is available to support the Health Education Council's "National nit campaign" (last week, p302).

## Dettol care poster

The theme of "The family care guide" poster which was inserted in the August issue of *Home Economics* was hygiene in the home. Illustrated in full colour it sets out the seven "care zones" arising in the average household—the kitchen, nursery, bathroom, drains and dustbins, throat and minor accidents. Commonsense advice is given on all the situations and reference is made to Dettol where appropriate. Further copies of the poster can be obtained from The Dettol Information Bureau, 27a Medway Street, London SW1P 2BD, and Kay Brandon, Dettol product manager from Reckitt & Colman pharmaceutical division, Dansom Lane, Hull HU8 7DS, commented, "We think the poster is a valuable addition to our literature on the control and prevention of infection. People without specific training in hygiene often do not realise what are the true danger points in the home."

## Biodegradable detergent

A new product, Ultra Blend 100, has been developed by Witco Chemical Ltd, Witco House, Barbourne Road, Worcester, to supply the detergent industry with a 98 per cent active detergent system. Ultra Blend 100 is a biodegradable detergent concentrate composed of linear alkylate sulfonate, coconut oil-based diethanolamide and ethoxylated alcohol. The blended ratio of these ingredients provides maximum cleaning efficiency.

## Buf Puf distribution

Richards & Appleby Ltd, Gerrard Place, East Gillibrands, Skelmersdale, Lancs, have been appointed sole distributors for Buf Puf in the UK. Buf Puf is made by Riker Laboratories and will be backed by an increase in advertising expenditure in the women's Press.

## Albion soap distribution

Ernest Jackson & Co Ltd, Crediton, Devon EX17 3AP, are now also distributing Albion Soap Co products to Scotland. Wholesalers should order direct from Albion Soap Co Ltd, Station Road, Hampton, Middlesex. These products were formerly distributed by Jackel & Co Ltd.

## Extra value Sweetex

A Sweetex "extra value offer" gives the customer 1,100 tablets (extra 150) for the same price as the 950 size, say Crookes Anestan Ltd, PO Box 94, 1 Thane Road West, Nottingham NG2 3AA.

## Bio-miracle returns

Germaine Monteil (UK) Ltd, 33 Old Bond Street, London W1X 4PH, have decided that it was a mistake to withdraw their Bio-miracle make-up. Despite the fact that they introduced two or three other make-ups to replace it, their customers were "incredulous" when they found they couldn't buy any more. The company has now announced that "literally by popular demand" they are re-introducing Bio-miracle make-up (£6.95) in four shades: miracle bisque, miracle creme, miracle sun and miracle peach.

## Bonus offers

C-Vet Ltd, Minster House, Western Way, Bury St Edmunds, Suffolk IP33 3SU, Pneumovac Plus, short expiry date (November 1977), 9 charged as 6 x 25ml until September 30.

## Unichem's autumn buys

The autumn bargain buys from Unichen Ltd, Crown House, Morden, Surrey include Alberto VO5 pH shampoo, Andrews Liver Salt, Arrid extra dry antiperspirant and Arrid cream, Brut 33 antiperspirant and deodorant, Cow & Gate Liga, Crest, Cussons Imperial Leather talc and bath foam, Elastoplast stretch fabric dressing strip and waterproof dressing strip, Eye Dew, Harmony colourants, Head & Shoulders lotion and cream, Hedex, Johnson's baby shampoo, Kotex Soft'n Sure, Lemsip, Lilia, Listerine, Oralcer, Style home perm, Suleo shampoo, Ultrabrite, Wella conditioner and Wilkinson Sword double edge blades. Offers are available until September 23.



Nasal Spray Action . . . without 'congestion rebound' for

## sinus pressure relief!

The T-Zone formula combines a proven pain reliever with two effective decongestants. Relieves pressure and pain, opens blocked passages without irritation of sensitive nasal and sinus membranes.

NATIONALLY ADVERTISED



AVAILABLE FROM YOUR CHEMIST WHOLESALE

Distributed by FARILLON Ltd, Dagenham, Essex



# THIS AUTUMN IT'LL CLEAN UP THE TOILET SOAP MARKET



This September Cussons and their Super-Salesmen are looking for total market domination.

We've got a range of promotional deals which includes twin-packs and special price packs. Together they provide the most aggressive promotion package we've ever run.

We've got a heavyweight national TV campaign breaking on September

26th which will be seen by over 30 million of your customers.

We've got the brand housewives say is their most preferred\* and is "the highest quality soap they can buy".\*

And we've got the nerve to suggest that the outright brand leadership which is now ours in Yorkshire and Tyne Tees can very easily spread over the rest of the country.

## Cussons. The Super-Salesmen.

\*In Image Research Imperial Leather soap was preferred as 1st or 2nd choice by 48% of women against 32% for the next preferred brand.



**JUST is just JUST.**





**Just big bottles. Just great things in them.**

**Just sweet success.**

**Just making our competitors uneasy in their bubble baths.**

**Just a matter of time for the rest of the range.**

**Just how was it done?**

**Nice prices for beautiful products, out-classing many pricier ones. The crafty secret: not a penny wasted in the making or the marketing.**

**We simply put our all into JUST. And that's all you and your customers pay for.**

**Just JUST. Lots of JUST.**

**Just put JUST on show and watch it take off.**

**Just miraculous.**

JUST Bubble Baths: Pink, Blue or Green

JUST Cream Bath

JUST Herbal Baths: Pine or Cologne

JUST Shampoos: Egg & Protein, Beauty, Family, Lemon, Herb, Cream-Conditioner

Fleur Beauty Products

Butterly Hill, Ripley, Derbyshire Telephone: 44266



# Jeyes celebrate one hundred years of hygiene

This year marks a double celebration for Jeyes UK Ltd which forms the major part of Cadbury Schweppes' health and chemicals division. Not only did the company commemorate the Queen's Jubilee, but it is also celebrating its own centenary—a hundred years of research and development activity, synonymous with the progress of hygiene. It was in 1877 that the company's founder, John Jeyes, made the first commercial disinfectant.

The same pioneering spirit that led John Jeyes to revolutionise hygiene standards continued to set the pattern for the enterprise that was to make his name a leading world authority. Since Jeyes Sanitary Compounds was formed in 1885 for the large-scale distribution of Jeyes fluid, there have been many important landmarks in Jeyes' development.

It was from Jeyes' laboratories at the turn of the century, that the first standard test for measuring the effectiveness of disinfectants, the Rideal-Walker test, was developed by the company's then chief chemist, Mr W. Ainslie-Walker, with Dr Samuel Rideal. The RW test was soon to be utilised on an international scale and was recently adopted by the British Standards Institution as the basis for the new British Standard on aromatic disinfectant fluids. The first Royal Warrant was awarded to the company in 1896 and has been confirmed through six reigns to the present.

## Pattern of growth

The increasing demand for household and industrial disinfectants, bleaches and cleaners launched Jeyes on a pattern of growth and expansion. The year 1963 was particularly eventful, as the company acquired Parozone Ltd, and Three Hands Ltd. The pattern continued with several other important acquisitions such as Brobat Ltd in 1968. Soon the company was looking for new and larger premises, and in 1970 relocated its main manufacturing, marketing, distribution and administration facilities to a new £1½m complex on a 17-acre site at Thetford, Norfolk, the company's headquarters today.

The biggest and most significant landmark in Jeyes' development came in 1972 when the organisation merged with Cadbury Schweppes Ltd to form the basis of a health and chemicals division.

Fifty-three chemists, technicians, analysts and bacteriologists investigate new developments and maintain and improve

the effectiveness of existing products. Twenty-one specialists are engaged in quality control. Backed by the support of a vigorous R & D programme, the 200-strong sales force serves retail and industrial outlets throughout the UK.

The company markets some 50 successful hygiene products and holds the sales franchise for the Airwick UK range of Flytox insecticides and Airwick air fresheners. The main retail lines are Ibcol, 3-Hands, Jeypine and Jeyes fluid disinfectants; bleaches under Parozone and Brobat brands; Brobat Bloo and Sanilav toilet cleaners; Babysoft toilet rolls and flats and Jeysoft flats; Superblend detergent and Wonderflame firelighters. The company's products are now marketed in 34 overseas countries.

The production area at Thetford covers about 80,000 sq ft, where 555 people are employed. In one of the newer departments—blow moulding and bottle printing—Jeyes make their own plastic bottles and print them. This year this department will use some 2,000 tons of plastic. Similarly, the carton print department produces from chip-board its own flat pack cartons for toilet tissue. Production of 860,000 sacks of toilet rolls is budgeted for 1977.

Many of these brands are in the forefront of their respective markets. For example Brobat Bloo is a close contender for the "blue flush" market leadership, having expanded that market to over

£2.5m since it was launched in 1973. In 1976 there was a considerable growth in sales for Jeyes fluid both as a disinfectant and as a garden product. Jeyes embarked upon their second century by producing in June, the first directional squeeze thick disinfectant, new thick Ibcol.

The company has a turnover of £20m and there is a major capital investment programme underway to extend and improve service to customers. In 1976, profits were improved 162 per cent on the previous year and almost £1m was invested on new plant and machinery. This year sees another £1m being spent to facilitate further expansion.

## Clive Thompson

Clive Thompson, the managing director, is a 34-year-old with a track record of achievement difficult to parallel in British industry. After gaining a BSc in chemistry from Birmingham University he began his business career in 1964 with Shell Research in the plastics development laboratory eventually becoming, at 23, responsible for a turnover of £15m in the marketing and sales of plastics to Europe, Africa, and the Middle East.

He moved to a job in international marketing with Boots Co Ltd in 1968, where he ran the company's operations in East Africa. Boots acquired the largest toiletry company in the area and he became general manager and marketing director.

In 1971 he joined Jeyes Group, being appointed managing director of its Aerosols International subsidiary, whose turnover was £5m. When he transferred to Jeyes UK in 1975 turnover had doubled to £10m, with profits also doubled.

When he took over, Jeyes was running at a loss, so he concentrated resources in the promotion and sales of the most profitable products and, in parallel, reduced the operating costs of the company. Within 18 months Jeyes achieved record sales and profits.

Headquarters and manufacturing plant at Thetford





What's....  
...going to hit the  
sunglasses market for six?  
...beating glare with lots  
of flair?  
...putting other shades  
in the shade?  
...got fashion, style and  
quality~right on the nose?



goggles the greatest thing





# That's ever happened to eyes.

Goggles is a beautiful new range of sunglasses, stylish, comfortable and of high quality.

Every model has been specially selected by Oliver Goldsmith, the internationally renowned designer of fashion frames and leading authority on the sunglasses market.

Goggles are the greatest thing to happen to eyes—and their combination of excellent lenses and superb frames make them outstanding value.

Goggles is a highly individual and memorable brand name—supremely important in a vast market with great potential: £46 million retail and trading up!

Three out of every four existing owners buy new sunglasses each year; and next year a lot of them will be choosing Goggles!



## GOGGLES: BIGGEST-EVER ADVERTISING BUDGET.

Nothing but the best promotional support would be good enough for sunglasses like ours—so we're spending a total of one million pounds on consumer advertising alone!

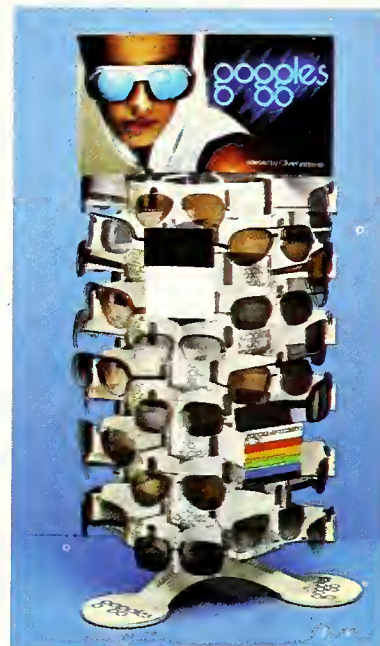
This colossal campaign will include 130 spots on television, 200 radio spots and no fewer than 50 full-colour pages in the top-circulation magazines.

## GOGGLES: MASSIVE MERCHANDISING SUPPORT.

Throughout the season there will be eye-catching point-of-sale material with stunning display stands which show Goggles off to perfection. These stands, which make maximum use of minimum space, feature full-face mirrors, leaflet dispensers and a distinctive headboard.

Every pair of Goggles is colour-coded to indicate the lens type, and comes in a free Goggles-branded carrying case.

Every model also carries a replacement guarantee service.



## GOGGLES: LENSES AND FRAMES.

There are 102 models in the Goggles range: with five lens types, 53 frame styles (excluding 12 clip-on versions) and in seven price categories.

Goggles: fashion, quality, style—right on the nose!

**goggles**  
oo oo





WITH  
**FREE**  
DENTURE BRUSH



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# Glaucoma — drug treatment and the use of sunglasses

by J. B. Davey and Dr G. A. Hopkins, Department of Ophthalmic optics and visual science, City University

Glaucoma is characterised by an increase in the intraocular pressure and can cause an impairment of vision ranging from slight symptomless defects to complete blindness. It ranks third in the causes of blindness in this country.

In common with vascular hypertension, the disease can be either primary or secondary to some other condition such as inflammation. Primary glaucoma is prevalent in the age group 40 years and over. It can be divided into two forms—chronic simple (wide angle) glaucoma and acute congestive (narrow angle) glaucoma of which the former is far more common.

To understand the aetiology of these two forms it is necessary to first examine the normal aqueous humour system. Aqueous humour is actively secreted by the ciliary body at a more or less constant rate. From there it passes between the iris and lens (supplying nutrients to the latter, avascular structure as it does so), through the pupil and into the anterior chamber. Drainage from the anterior chamber takes place at the filtration angle in a ring shaped

vessel (Schlemm's Canal). When out-flow keeps pace with secretion a normal intra-ocular pressure (about 15mm Hg) is maintained.

## Open angle

In open angle glaucoma, although the aqueous humour can reach the filtration angle unimpeded, drainage into Schlemm's canal is insufficient and pressure increases putting mechanical stress on delicate retinal structures and impeding blood flow in ocular blood vessels. In this more common form, the rise in pressure is gradual and the eye remains white and generally free from discomfort. There is a gradual loss of vision but as this effect is initially peripheral, the disease often remains unnoticed until it is picked up during a routine examination by an ophthalmic optician or medical practitioner.

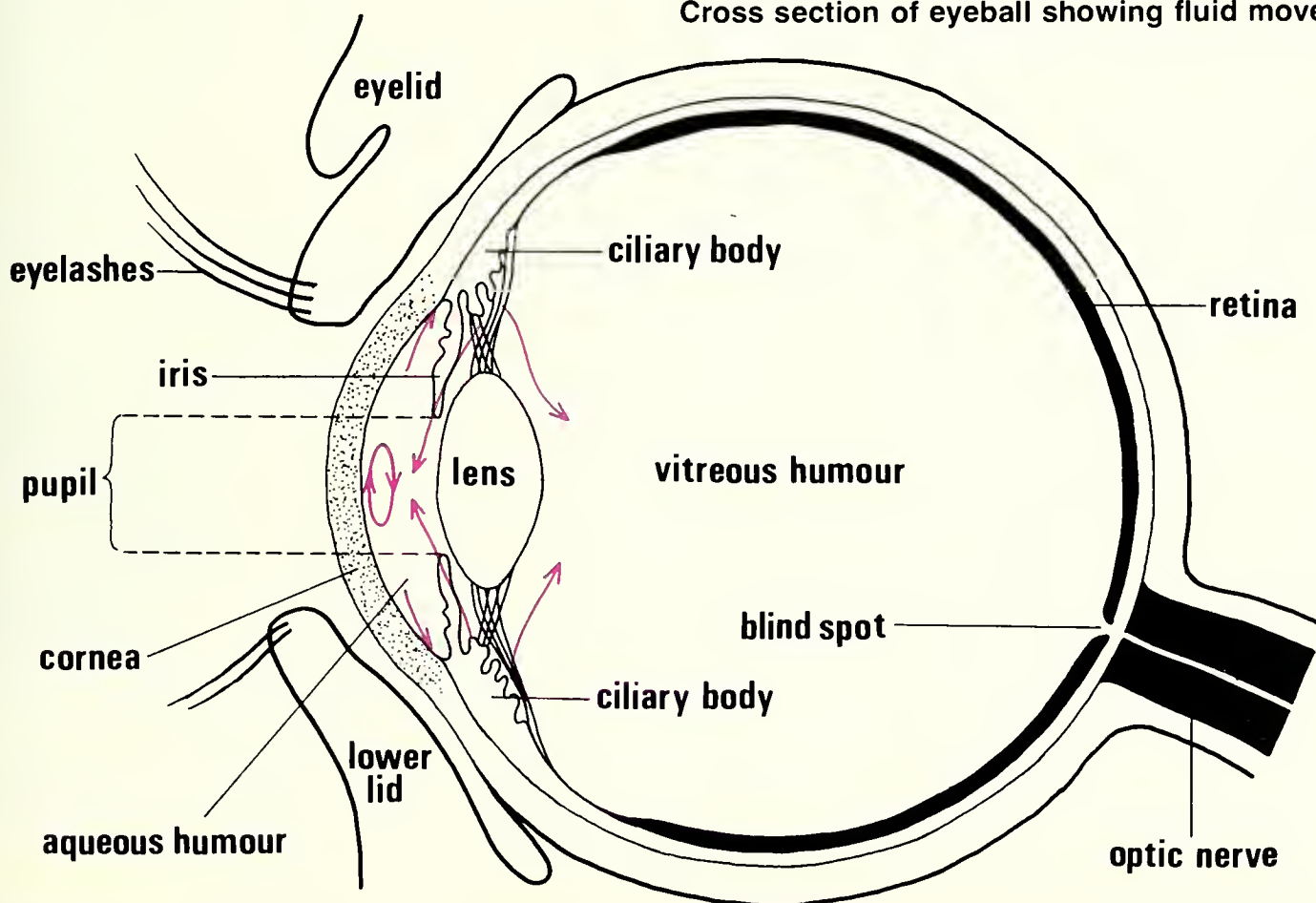
In narrow angle glaucoma, the drainage mechanism in the angle is usually unimpaired but access to it is reduced because the anterior chamber is shallow, that is, the front surface of the iris approaches too close to the back surface

of the cornea. It becomes shallow because the lens continues to grow throughout life and there is a consequent increase in the area of contact between the anterior surface of the lens and the posterior surface of the iris. This in turn may impede the flow of aqueous humour from the posterior chamber to the anterior chamber leading to a pressure difference between them. If the pupil is partly dilated this difference in pressure may cause the slightly slack iris to bulge forward so as to block off enough of the angle of the anterior chamber to slow the outflow of aqueous humour. The result is a rise in intraocular pressure. The condition is variable with acute attacks interspersed with quiescent periods.

Glaucoma can be treated medically and surgically. Nowadays medical treatment is the first resort. Surgical procedures are generally reserved until medication has been tried and found wanting. Systemic treatment usually involves the use of carbonic anhydrase inhibitors such as acetazolamide which

*Continued on p 359*

Cross section of eyeball showing fluid movement





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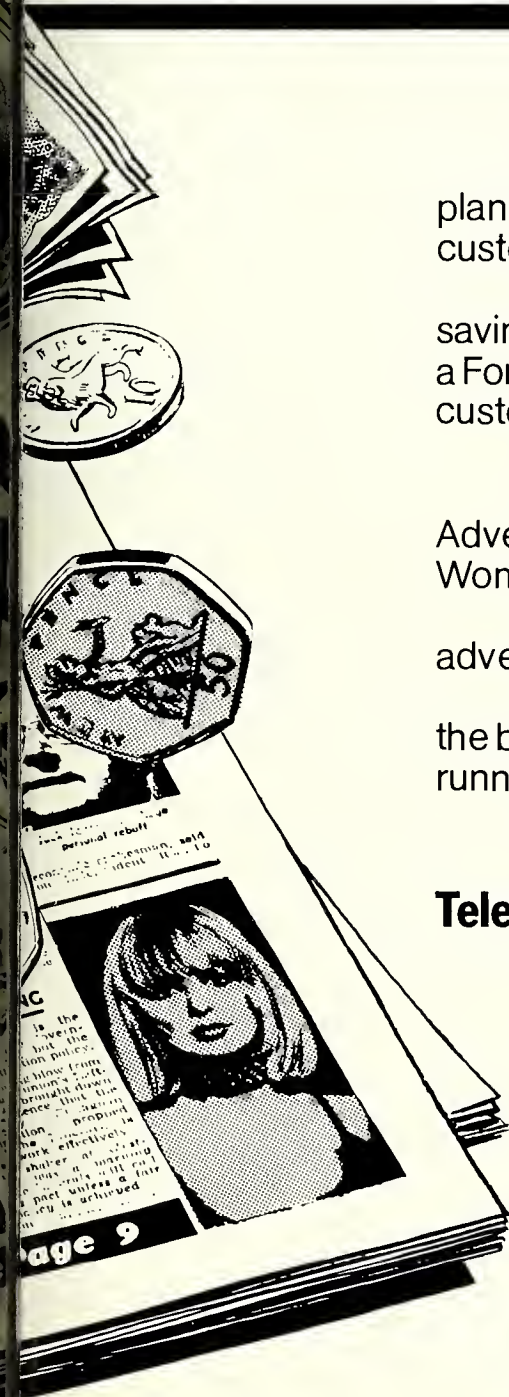
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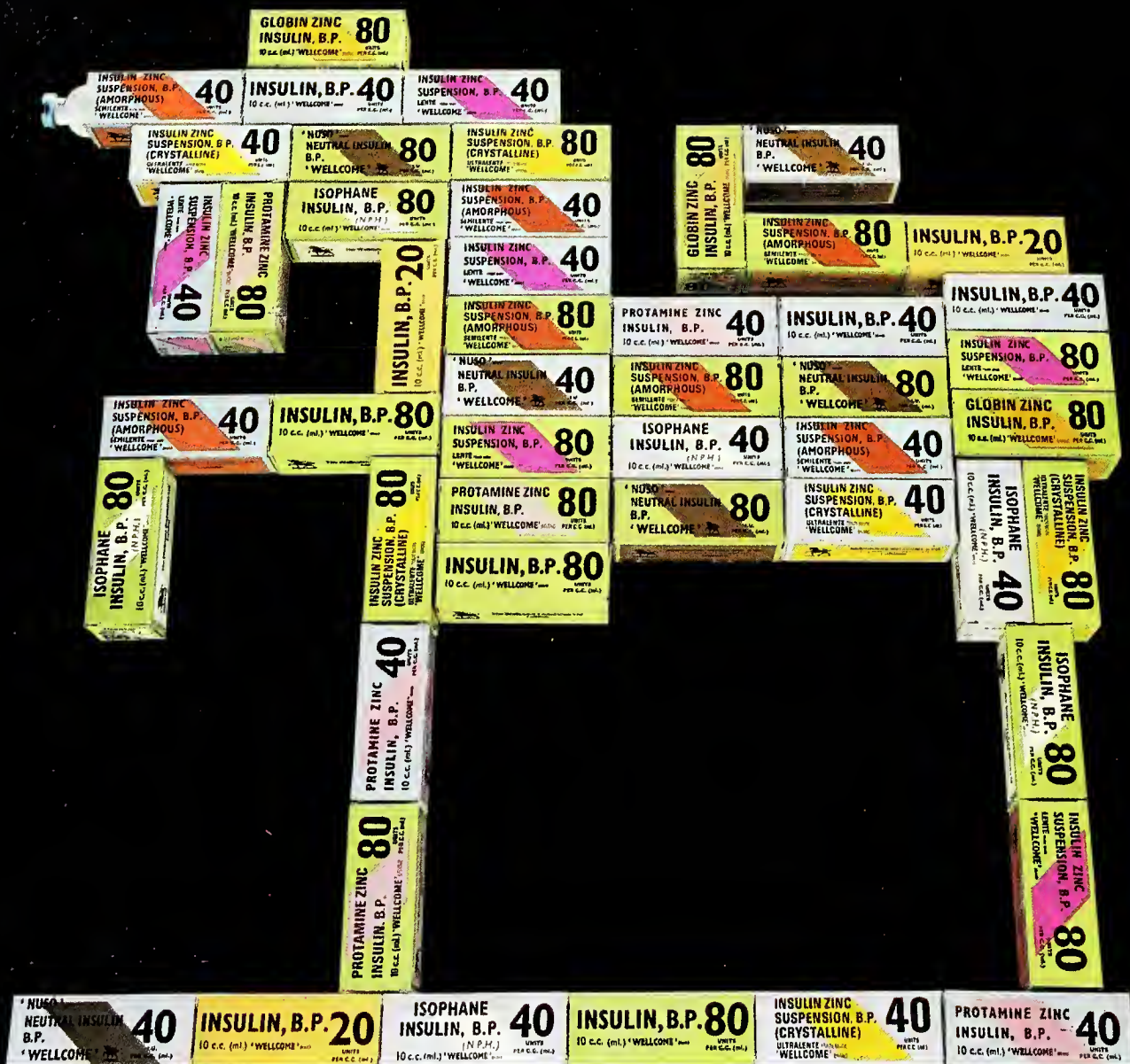
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# Glaucoma & sunglasses

Continued from p355

by interfering with the active transport of bicarbonate ions by the ciliary epithelium reduces the rate of secretion. Topical treatment can involve the use of pilocarpine which, as well as constricting the pupil and preventing angle block, also increases the efficiency of the angle drainage mechanism.

Paradoxically sympathomimetics such as adrenaline are also used in the treatment of open angle glaucoma, their principal effect being a reduction in secretion although they can also increase the amount of drainage after continued treatment. Beta-blocking agents are also used to reduce pressure.

Drugs, of course, have the ability to cause a rise in intraocular pressure. Atropine, and related drugs will cause a marked rise in pressure when applied topically to eyes susceptible to both forms of glaucoma. The effect of systemically administered antimuscarinics is probably much less, but pharmacists will be aware that travel sickness remedies containing hyoscine sensibly carry a specific warning about their contraindication for glaucoma sufferers. Strong sympathomimetics applied topically can cause mydriasis leading to a dangerous rise in pressure in eyes with a narrow angle. Decongestant solutions containing low concentration of adrenaline-like drugs which are applied to the conjunctiva produce little mydriasis unless the eye is hypersensitive to their action.

However the routine use of topical vaso-constrictors should not necessarily be encouraged as they can mask an underlying condition. Other drugs to cause serious rises in pressure are certain tranquillisers and topical corticosteroids.

## Injuries from accidents

The dangers that could result from the wearing of sunglasses are usually thought to be confined to injuries resulting from an accident. In this respect ordinary glass is clearly inferior in performance to toughened glass and to plastics. If tinted glasses are worn when it is too dark the wearer may not be able to see enough and so an accident may result. A sunspectacle worn when driving should have a frame that does not obscure the view of the road scene.

It was at an international conference organised by Polaroid (UK) Ltd last

autumn that one of us (JBD) first heard the suggestion that sunglasses might cause glaucoma. His own lecture concerned the advantages and disadvantages of different types of sunglasses including some within Polaroid's own range. One of the other lecturers issued the warning that in subjects vulnerable to attacks of angle closure glaucoma, sunglasses might precipitate an attack.

At first thought, the threat seems logical enough. When the eye is exposed to high levels of illumination the pupil of the eye contracts. When light levels are low the pupil dilates. It is well known that persons prone to attacks of angle closure glaucoma are more likely to have them when the pupil is dilated, as it will be during the evening or at night. It is also known that sunglasses, if sufficiently dark may, in very bright sunshine cause a contracted pupil to dilate slightly, at least for a period. Therefore, so the argument runs, a person who is potentially glaucomatous should not wear sunspectacles in case this precipitates an attack of angle-closure glaucoma by causing the iris to "bunch" into the angle and so impede the outflow of aqueous humour. So, as glaucoma by causing the iris to "bunch" into the angle and so impede the outflow of aqueous humour. So, as glaucoma is a disease of the mid-aged and elderly, it might be unwise to allow them to purchase sunspectacles.

notices above sunglass displays, it would be well to examine the levels of illumination that are involved. A sunspectacle lens transmits about a quarter of the light that reaches it. Rather more than this falls on the eye because spectacles, unlike goggles, are not all-enclosing. When one walks into a building that is especially designed to be lit by daylight, such as some schools have been, the light level is reduced to one or two per cent of what it is outside. At night the indoor levels of illumination are of a lower order still, compared with daylight levels. If these situations have not already provoked an attack of angle closure glaucoma it would seem unlikely that the reduction of illumination by putting on sunglasses out of doors to a level that is probably 20 times higher than the level of illumination that they tolerate every time they walk into their own home, can be considered a hazard.

However any pharmacist who feels uneasy about selling sunglasses to senile clients should also consider the corollary. To be consistent, the level of artificial illumination inside their premises ought also to be raised several fold in order that, on a sunny summer day, the public entering will not experience a drop in illumination levels to less than a quarter of that in the street outside. The illuminating engineers could manage it, but there might be problems getting rid of the resultant heat!

## Teamwork needed for good prescribing

Prescribing could be made more rational if some of the problems were tackled by a multidisciplinary team of doctors, pharmacists, epidemiologists and educationalists, suggested Professor P. A. Parish, Welsh school of pharmacy, UWIST, Cardiff, at the British Association for the Advancement of Science annual meeting this week.

Professor Parish, speaking on "Can prescribing be rational?", said such an approach could use the present system of National Health Service organisation with regional or area centres being developed for education, research and service in medicines use. The core staff of such centres should be specially trained physicians and pharmacists whose main functions would be to provide education about medicines to doctors, pharmacists and others, including consumers, in the region; to research actions, effects and uses of medicines; to monitor adverse reactions; to provide medicines information, a treatment advisory service, a poisons advisory service and to provide advice to drug addiction centres. The members for such teams were already working in the NHS, he said. What was needed was a government directive to bring them together to encourage the responsible and rational use of medicines.

Every doctor should have a card on his

desk, he said, as a reminder of EASE prescribing—effective, appropriate, safe, economic. Those were the four criteria of rational prescribing.

Prescribing budgets for general practitioners were proposed at the meeting by Professor O. L. Wade, Birmingham University medical school. Speaking on "Problems of drug prescribing in the NHS", he suggested that each doctor might be given a "drug allowance" of, for example, £500 per 100 persons on his list to meet the costs of prescribing. If he prescribed in excess of that, the excess would be met from his practice and similarly, any savings would accrue to his practice.

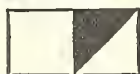
The consumption of drugs for coping with everyday problems of life constituted a serious source of "internal pollution", Dr D. M. Warburton told the meeting. He said the problem was being compounded by drug promotion and easy repeat prescriptions.

Elderly people would be better off with a tot of whisky before going to bed rather than sleeping drugs, according to Dr W. MacLennan, senior lecturer in geriatric medicine, Southampton University. Barbiturates seemed particularly prone to cause confusion and whisky would probably have a more beneficial effect provided the problems of alcoholism were guarded against.



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## Letters

### Reject this capitulation

Before we as a profession commit ourselves to a course of action I think we should look at the proposals in a little more detail and with rather more care than the apparent haphazard and offhanded manner of the PSNC.

Two-and-a-half years ago the so-called "substantial" increase in remuneration, together with the unprecedented back payment, did nothing to stem the rate of pharmacy closures. What chance then have these new proposals in today's inflationary spiral?

Two years ago conference approved in principle "Worby's baby" of a differential on-cost, but agreed that it be resubmitted in more detail as in its then present form it would be the subsidising of the small contractor by the larger one.

Last year Conference again looked at "Worby's baby"—which hadn't grown very much—reaffirmed its agreement to the principle once again, but would only accept its inclusion into the new contract proposals on the solemn pledge of the PSNC that no section of GP pharmacy would suffer a reduction in income, but that new monies being fed into the balance sheet would be apportioned differently in order to try and maintain a community pharmaceutical service.

This year we are back to square one, only this time it is Mr Ennals promoting it. I have grave misgivings about the easy and speedy collapse of the PSNC resistance to the proposals—bearing in mind their instructions received at the last two conferences—and I am most alarmed when we are told by none other than Mr Worby that if we don't accept them voluntarily then we will be made to!! This begs the questions by whom, Mr Ennals, Mr Worby or both?

It is evident that the rate of inflation is causing severe headaches and financial hardship in all sections of GP pharmacy at this present time, and frankly I believe that we can no longer afford to go on indefinitely being asked to finance and subsidise that section of our profession who for one reason or another cannot make it on their own. Neither should we be prepared to fund a group of incompetent amateurs who advocate that we should do so because of their own ineptitude at carrying out their elected tasks of negotiating on our behalf and generating the impression that no price is too high to pay to see their own pet theories put into practice.

By now many must be beginning to wonder why 45 per cent of the contractors

continue to support over two thirds of the PSNC expenses under such circumstances. If the PSNC is not prepared to fight for our profession *as a whole*, isn't it about time we looked around for some organisation that will? Perhaps we should consider using our voluntary levies to pay the subscription for our colleagues and ourselves to join the professionals!

I think it is disgusting and an appalling waste of time and money to have ever contemplated calling a conference to discuss a proposal that has been rejected twice in practice because "subsidising one faction by another" is abhorrent to the majority of contractors and I can only hope that at the conference the PSNC will be told in no uncertain terms what we think of negotiators who capitulate so easily in what could be construed as highly suspicious circumstances.

John Williams  
High Wycombe, Bucks

### Time for definition

The decision of the Pharmaceutical Services Negotiating Committee to recommend the offer by the Department of Health to the meeting in London on October 2 causes all contractors to assess their position and to think deeply upon their future. This surely is the time for definition—definition of our economic problem of the past, of the present and of the future. I ask each and every contractor to consider the following.

*The investment and capital employed.* The contractor's investment is not only in stock but also in unpaid balances. The latter are obviously self-perpetuating. Let us assume a monthly NHS ingredient cost at £5,000 with a six week shelf stock which was obtained and paid for during the month *prior to its usage*. To this initial investment of £7,500 we must add a minimum of five weeks and a maximum of nine weeks of unpaid prescriptions either with the pricing authority or awaiting transit to them. This is the ultimate size of the contractors' investment and there is no way in which this can have been reduced during the last two or three years. Accountants and bank managers view with incredulity the figure for unpaid NHS balance. A survey of the commonly prescribed proprietaries list taken at January 1974 and priced up to June 1977 shows a 95.84 per cent increase. Would one not expect some reduction in the level of stock in the face of this but with no diminution in value?

*Diagnosis of pharmacy's predicament:* The number of pharmacists on the register is showing steady increase. The reduction is in the number of contractors. The reason is not difficult to establish. The contractor is offered a complicated, unrewarding contract which can suffer the arbitrary axe apparently without redress up to three years in arrears. Pharmacy and its dispensing contract is uneconomic, is regarded as "the costermonger's donkey" and is the sole explanation for the decline



in applications for establishment of dispensing services. Thus you have disintegration of services especially in urban and rural areas.

**The contractor's complaint:** Staff costs, together with the demands of contracts of employment, longer holidays, and shorter working weeks are not recovered by the level of the dispensing fee. Neither is there acknowledgement of the improved standard and training of staff we require to administer and maintain the advanced, complicated legislation applicable to prescription reception, handling and dispensing. Never have we obtained a true cover of our operating costs with a discounted 10½ per cent on-cost. The absorption of only 18 per cent of our overheads into the calculation when 40 per cent to 65 per cent of our total business volume arises from the NHS connection is quite unreasonable but typical of the "dirty-tricks" element of the Department. The contractor has subsidised his staff and his business to the limit of his ability and the cry must now be enough is enough. No longer can we accept the contract from our shameless and thoughtless employer.

**Adjustment of established iniquities:** It has taken over four years to obtain a remission in the scale of discounting although from the outset it was palpably obvious that contractors were showing a loss on this item. Also note there is no suggestion of back-dating to correct this error. This exercise should be compared with the heavy but immediate foot of the Department which has just refused to make changes to the existing price change procedure. Contractors are expected to carry the loss for the first month of rises.

**The offer:** During the period since recommendation of acceptance of the latest offer by the PSNC I have spoken to more than 20 contractors mostly in the Midlands. There is a total rejection of the proposal. It is apparent that dissatisfaction is widespread and that the offer of a 2p increase in the dispensing fee—the first adjustment since the 4p increase of January 1975 (17p to 21p) and that of April 1975 of 3p—is no solution to inflation.

Under no circumstances must we try to attempt another winter of dispensing on a contract analogous with "poor law administration".

Let there be no misapprehension of this fight becoming a drive for increased personal remuneration or the breaking of Phase III pay codes. The fight is one for contractors, for the acknowledgement of the contractor's economic problem and for realistic reimbursement of his staff and overhead costs.

I look forward to October 2 as the day on which contractors stand up and preserve their profession against a most unworthy contract. May I urge every contractor to make his views known to the delegates attending the LPC conference.

**B. H. Green**  
Coventry

## Raising more NHS money

If on average, one extra penny per week per head of the population were to be charged under the National Insurance contributions, the annual sum thus raised would be in excess of £25 million per annum.

Under the present wage bonanza, where increases of £20 or £30 per week are being snubbed by the TUC and where there are also tax rebates to supplement further such increases, we feel the above to be a minimal bill to the public for preserving the standards of NHS dispensing, which is provided by many pharmacies very late into the evening at a great convenience to the public as a whole.

The proposed scheme by Mr David Ennals, Secretary for Social Services, proposes an average annual injection of funds into the NHS dispensing service

of just one tenth of this above-mentioned sum of £25 million and only temporary over the next two years.

It is obvious that the resultant drastic financial penalty envisaged for the pharmaceutical profession in the proposed scheme could be thus avoided by an alternative extremely insignificant financial demand on the public.

This very reasonable alternative is achievable by the burden of the NHS being borne—as should be the case as the name implies—by the nation, and not solely by those people who happen to be working (and in most cases very hard indeed) within the service.

In conclusion we would be only too happy to bear our proper share (being a few coppers per week) under such a nationally spread burden.

**M. Braterman**  
Thornton Heath, Surrey

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# Letters

Continued from p361

## Remuneration alternative

The second part of my letter was delayed in order to comment, not only on Mr Ennals' proposals, but also to read the PSNC's excuses for recommending acceptance. One letter seems hardly the efficient medium.

*The alleged £11m overpayment.* This, and previous Governments, for alleged social reasons, have subsidised both nationalised and private industries and firms. Why not a GP pharmaceutical dispensing service? This is a cause worthy of stimulating any Government's social consciences. For years GP contractors have pleaded continuously for a new simple contract, easily understood and seen by all to be workable, fair to pharmacists and the taxpayers. The DHSS has denied us this democratic right, and insisted that this anachronism continues. Overpayments, under payments arise from the anomalies inherent in its complex structure. The fault is that of the DHSS. Let them pay for their *laissez-faire* and their ineptitudes.

*Differential on-cost.* The principle, accepted morally on a specified amount by the contractors at the 1976 conference, has been taken by Mr Ennals and distorted for his own misguided purposes, with quite amazing and negative results—he has splashed it indiscriminately across the board to all contractors in the lower dispensing groups, without ascertaining if this money will be put to the most effective use, in maintaining a GP pharmaceutical service—

(a) to those already making reasonable profits from OTC sales, and who by their voluntary, selected, positions are not a serious part of the NHS pharmaceutical service;

(b) to contractors who, even after receiving the extra money, would still be making substantial losses on NHS dispensing, and who also have small OTC sales (many of these are only in this plight because of Government policies of encouraging medical group practices and health centres, without compensation and Governments which also permit and encourage sales of medicines from non-pharmacies).

Instead of being offered a "guaranteed annual loss", many would prefer a financial plan, enabling them to close their pharmacies in a humane fashion. Mr Ennals offered to discuss with the PSNC any alternative redistribution plans. Why have they not taken advantage of this proposal?

Indiscriminate differential on-cost must be wrong. The correct answer, in the short

term, is to set up a second essential small pharmacies scheme, with conditions adaptable to urban areas. Special conditions or exemptions could still apply to "special cases".

According to PSNC original thinking, the only contractors who could be stated to be receiving "extra profits" are those being paid percentages above those in the PSNC claim of 1976. These must be few indeed.

The tables published by PSNC (see p365) are quite misleading. They show percentages on capital employed—not stating what was the stockholding basis. It appears to be only on a seven-week basis, whereas their original claim is 26 per cent on an 11 weeks basis. Quite a difference!

Space prevents detailed comments on Mr Worby's statement (*C&D* August 27, p270). Apart from the extraordinary divisive and derisory decision to recommend acceptance of Mr Ennals' divisive and derisory offer. Mr Worby also states:—

1. "We will then take other means to pursue our claims" Arbitration. In the public sector, all governments treat workers or professions indiscriminately and most of them unfairly; they have proved time and again they are not really interested in the merits of cases, in the past they have responded only to pressure—ask the

Scottish chemists or in 1972 the postmen and Local Government workers under a Conservative Government.

2. The proposed basis for the application to the ACAS for a real improvement of the national salary—under the Fair Wages Resolution—appears to be the same as was so disastrous to the Scottish chemist. Personally I thought such an application should be made to the CAC (Central Arbitration Committee).

3. Mr Worby states he could not now see grounds for "united industrial action". Contractors are not aware that they had reached such a final stage in the negotiations.

Mr Ennals is wrong to risk losing the co-operation of GP pharmacists to enforce a victory which, at best, would be shallow and empty. He would be putting the health of the community at risk.

In the final analysis, all this confusion, ill-will, etc, can only be clarified, and made to work in the interests of both GP pharmacists and the community by formulating, in co-operation, a real coherent national policy for the future of GP pharmacy. Such a "discussion document" I outlined in 1975. This crisis has been with us for many years.

**George Baxter**

Chairman ASTMS GPP section  
London E13

## 'Chemist' referendum

In his letter "Chemist referendum", Mr Edwin Evens, your regular correspondent from Plymouth, has touched on a point that is fundamental to the credibility of our professional body. How can the membership, let alone the world outside, have respect for a council which in one resolution maintains the status quo on advertising simply on the casting vote of the president; and then immediately follows that with a resolution to continue "negotiations" to prevent Numark from using the word "chemist" in a manner of which 50 per cent of the council did not disapprove a few minutes earlier.

In the official council report I am quoted as saying "The Council was trying to dodge the issue. It knew what ICML's reaction would be. The Council was putting off the evil day once again." That is the view I retain, along with several of my Council colleagues. We do not wish to bring the profession into "disrepute", we simply seek the right to inform the public in a restrained manner that we practise from a certain address, and are open for stated hours. that is why I suggested to Council that if they did not wish to change policy then the membership should be asked, by referendum, if they wished to allow the restricted use in advertising of the word "chemist".

In the light of our remuneration problems with Mr Ennals and the PSNC, it would be foolish to get ourselves worked up over what is, after all, a small but sensitive, area of professional ethics. Nonetheless, if Council is totally divided,

let the membership decide! But would it not be in the interests of the profession for Council to show some leadership now on this divisive issue before it embarks on a collision course with Numark and Unichem? Our lack of success with the Department of Health clearly indicates that Pharmacy has much worthier causes to fight than to indulge in another bout of "Care Chemist". Would it not be sensible for Council to face up to a changing world and take positive steps to introduce an element of relaxation in the society's policy on advertising? The profession is crying out for coherent leadership from the PSNC on the remuneration problem; let it not find Council lacking on its ethical dilemma!

**Graham Walker**  
Spalding, Lincs

## Meeting at Sheffield

The British Pharmaceutical Conference at Sheffield, at which undoubtedly a number of contractors will be present, falls during the discussion period prior to the contractors' conference on October 2. In order that the maximum cross-fertilisation of ideas and opinions may occur, I have, with the co-operation of the Sheffield local committee, arranged for the use of the Tipton Hall common room on Tuesday, September 13, at 2.30 pm for a meeting of those contractors interested in the remuneration offer. The purpose is not divisive—but simply to acquaint each other with the state of opinion in our own areas.

**Miall E. James**  
Canvey Island, Essex



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# Pharmacy should set its own house in order' says PSNC

The Pharmaceutical Services Negotiating Committee believes general practice pharmacy should "set its own house in order" by accepting the £5 million offered by Mr David Ennals, Secretary for Social Services, to help introduction of the proposed differential on-cost scale. PSNC's comments on the proposals are set out below.

In 1975 the PSNC commissioned a leading firm of accountants to produce recommendations on the appropriate level of profit to be earned from NHS dispensing. In March 1976, following receipt of this report, the PSNC lodged a claim for a substantial increase in the profit margin per prescription which for several years had been based on a return of 16 per cent on capital employed. The preparatory work for this claim had commenced in 1975 when, at the insistence of the Department of Health, a stockholding inquiry was carried out to determine the number of weeks' NHS dispensing stock being held by chemist contractors. The inquiry established that an average of seven weeks' stock was being held compared with the figure of eleven weeks previously used in the capital employed calculation.

The Secretary of State's insistence on the application of the 1975 stockholding inquiry findings together with a refusal to increase the 16 per cent rate of return has reduced the amount of money available in the Balance Sheet by £11m for the years 1975-1977 but he has now offered £3m in respect of 1977 and a further £2m in 1978 conditional upon the PSNC's acceptance of his proposals (for full details see *C&D*, August 6, p 181).

## Major step

The conference of Local Pharmaceutical Committee representatives on November 21, 1976, accepted the principle of the differential on-cost but the Secretary of State's proposals go beyond the redistributive effect in the first year envisaged by the conference. It is indisputable, however, that the proposals represent a major step towards rectifying the inequitable financial position which has existed for smaller contractors, the majority of whom are proprietors, since the abandonment of the differential on-cost scale in 1964. The viability of the smaller contractor was seriously undermined by the decision of the 1964 conference which must be regarded as having contributed significantly to the rate of pharmacy closures in recent years. The corollary to the improved position of smaller contractors must be a reduction in the anticipated NHS income of the larger contractors who are now being asked to accept the same sacrifice made

by their smaller colleagues in 1964. Smaller contractors will still earn less

than the 16 per cent return on capital for which the contract provides.

Annexe 5 shows the true extent of the proposed increases in NHS income on an annual basis from group to group. Thus, although large contractors would suffer an immediate cut in their on-cost percentage, this would be compensated by the increase in net ingredient costs so that they would receive a small increase in annual NHS income. The possibility of a reduction in the rate of on-cost for some contractors was fore-shadowed in the proposals approved by

*Continued on p367*

## Joint PSNC/DHSS statement of 1977 NHS costs and profit (Annexe 3)

Group	1	2	3	4	5	6
1. Surplus/(deficit) on cost	p(25.51)	(10.17)	(0.60)	1.16	3.21	3.21
2. Profit paid	p 4.90	4.90	4.90	4.90	4.90	4.90
3.	(20.61)	(5.27)	4.30	6.06	8.11	8.11
4. Actual profit/loss	£(1,587)	(949)	1,161	2,303	4,136	6,812
5. Return on capital employed per cent	-46	-14	13	20	30	26
6. More or (less) £'s profit than intended 16 per cent return	£(2,137)	(2,014)	(289)	441	1,933	2,621
7. Additional capital requirement	£ 492	950	1,312	1,664	1,601	3,788
8. (Shortfall)/surplus line 7 c/f line 4	£(2,079)	(1,899)	(151)	639	2,535	3,024

## Adjustment of joint statement to reflect DHSS offer (Annexe 4)

Group	1	2	3	4	5	6
1. Actual profit/(loss) per line 4 annexe 3	£(1587)	(949)	1161	2303	4136	6812
2. Additional payment per offer	£ 1240	1100	680	220	(325)	(1700)
3. Revised profit/(loss)	£ (347)	151	1841	2523	3811	5112
4. Return on capital employed	-10	+2	+20	+22	+28	+20
5. 16 per cent return	£ 550	1065	1450	1862	2203	4191
6. More (less) profit than 16 per cent return (line 3 minus line 5)	£(897)	(914)	391	661	1608	921
7. Additional capital requirement (line 7)	£ 492	950	1312	1664	1601	3788
8. Surplus/(shortfall) line 7 c/f revised line 3	£(839)	(799)	529	859	2210	1324

Note: No account has been taken of taxation which will vary in effect between contractors.

## Effect of differential on-cost scale per secretary of state's letter

Group	1	2	3	4	5	6
1. Proposed average on-cost per cent	22.5	15.3	12.4	10.9	10.0	9.0
2. Average Rx nos	7700	17000	27000	38000	51000	84000
NHS income: Estimate for year ending September 30, 1977						
3. Fees (24.5p)	£1887	4165	6615	9310	12495	20580
4. On-cost (10.5 per cent)	£1091	2410	3827	5387	7229	11907
5. Total	£2978	6575	10442	14697	19724	32487
Proposed for year ending September 30, 1978						
6. Fees (24.5p)	£1887	4165	6615	9310	12495	20580
7. On-cost (per cent per line 1)	£2807	4214	5424	6710	8262	12247
8. Total	£4694	8379	12039	16020	20757	32827
9. Increase 1978/1977 per cent	£1714	1804	1597	1323	1033	340
10.	+58	+27	+15	+9	+5	+1

Notes: (i) the above figures do not account for increases in prescription numbers which may raise the percentage increases shown in line 10 by an estimated average 3 per cent.  
(ii) on-cost based on forecast 20 per cent increase in net ingredient costs in year ending September 30, 1978 compared with previous year.  
(iii) the effect of discounting is ignored as this should be deducted from net ingredient cost reimbursement.



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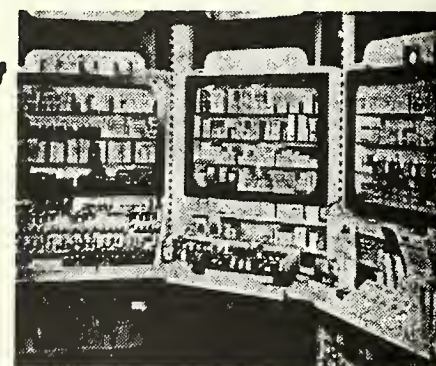
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For additional information, or to apply for assistance, write to:  
The Secretary, Dept CD, The Triangle Trust 1949 Fund,  
Clarges House, 6-12 Clarges Street, London W1Y 8DH.



# Negotiations continue

PSNC say the following are still being negotiated:

## Premises allowance

Following the 1976 conference the consultants' report dealing with the allocation of property costs and their reimbursement to contractors was circulated to Local Pharmaceutical Committees. The report was also adopted as the basis of a claim submitted to the Department of Health for increased payment in respect of property costs.

No reply has been received from the Department and the attention of the Secretary of State was drawn to this unsatisfactory position during the July meeting in connection with the profit margin claim. The PSNC has subsequently written to the Department requesting a reply within one month.

The PSNC is seeking through this claim to increase the total money available to contractors but the principle of the premises allowance approved by the 1975 conference also remains to be agreed with the Department. The introduction of the premises allowance involves not only the negotiation of "new" money and the redistribution of existing money but also a change in the basis of payment from the "average" to the "individual". The Department has refused to accept this principle within the Essential Small Pharmacies Scheme

and there would not appear to be any possibility of its acceptance until the general right of free entry into contract is restricted.

## Proprietors' notional salary

Following the increase negotiated under Stage 2 of Government pay policy the proprietors' notional salary now stands at £5,287 per annum. Notice has been given to the Department that the PSNC intends to make an application to the Advisory Conciliation and Arbitration Service (ACAS) for an increase under Schedule II of the Employment Protection Act 1975. Any award by ACAS is additional to any increase obtained annually through normal negotiating machinery.

## Out of hours fees

The fee scales in respect of out of hours prescriptions as set out in Part III A of the Drug Tariff have remained static for over two years due to the restrictions of Government pay policy. Following the end of Stage II of that policy on July 31, the PSNC lodged a claim for a substantial increase.

## Price change procedure

Early this year PSNC requested that changes in the prices of proprietary preparations should be implemented in the same way as changes in the prices of official drugs.

Although the 1975 stockholding inquiry indicates an average stockholding of seven weeks, the problem arises with fast moving drugs for which the average stockholding is three weeks. If the present price change procedure is based on seven weeks, losses through under-reimbursement by the NHS will be incurred at the time of price changes for purchases of those drugs whose

stockholding period is less than seven weeks. Conversely, there will be a compensating profit through over-reimbursement on those drugs whose average stockholding period is more than seven weeks.

The Department contends that the operation of the pricing arrangements can only be on an average basis as the amount of stock held varies from one drug to another. The Department further argues that the "discount" or net ingredient cost adjustment factor as reflected in the "discount" scale applied to chemists' payments ensures that, taken as a whole, chemists receive full reimbursement of their drug costs after taking account of commercial discounts and variations in reimbursement through the price change timetable. The present "discount" scale (introduced on June 1) has been derived from the findings of the 1975 inquiry which ascertained the differences between the prices chemists paid for their drugs and the prices at which they were reimbursed at the end of the average stockholding period of seven weeks.

PSNC has told the Department it cannot accept that the existing procedure is fair. In June 1977 the Department informed PSNC that the alteration requested could only be made if there was an immediate compensating 2 per cent increase in the "discount" scale, although no evidence was produced to support this figure. This simply represented the substitution of one inequality by another and was therefore unacceptable to PSNC who raised the issue in the recent meetings with the Secretary of State.

Although no progress was made in formal negotiation, progress has been made subsequently in achieving a reduction in the compensating "discount" percentage sought by the Department and a number of issues remain to be resolved in this connection.

The adoption of the proposed system of inflation or current cost accounting has received a recent setback at national level but the Government remains committed to its early introduction. It is expected that alternative simplified proposals will be published this autumn and it is hoped that these will be adopted for use in Government accounting procedures. The PSNC will then press for the alteration in the price change procedure to be implemented without any other adjustment in order to reimburse contractors at current or replacement prices.

## Cost inquiry 1977

The labour cost inquiry was carried out in May-June and preliminary findings should be available in October. Work has commenced on the overhead cost inquiry but the completion date is dependent upon the prompt co-operation of contractors' professional or internal accountants in supplying information.

## PSNC's comments

*Continued from p365*

the 1976 conference. The effect of the Secretary of State's proposed injection of £5m together with the redistributive effect of the differential on-cost is to allow increases of a reasonable magnitude to smaller contractors. It should be noted that the average on-cost percentage will not be restricted to the single figure shown under each group in Annexe 5 but will be adjusted to relate to smaller prescription bands so that there will be a gradual reduction in the average on-cost percentage applied from group to group.

The PSNC has given careful consideration to the Secretary of State's proposals and recommends their acceptance. The PSNC's claim pointed out, *inter alia*, the financial non-viability of smaller pharmacies which are closing at an unacceptable rate to the public detriment. As much of the blame for this situation is attributable to the 1964

conference decision, the PSNC believes that general practice pharmacy should now set its own house in order by accepting the offer of £5m to facilitate the introduction of the proposed differential on-cost scale in order to obviate further criticism to the effect that contractors' difficulties are largely of their own making.

The proposals do nothing, however, to correct the fundamental inadequacy of the profit margin which is still held at 16 per cent return on capital employed equivalent to 2.8 per cent on NHS turnover. It is therefore necessary to consider what further action should be taken by the PSNC in order to secure an adequate profit margin.

There are a number of other issues affecting NHS remuneration which are currently under negotiation. The PSNC will be pressing for early settlement of these matters which, if agreed, will increase the amount of money due to contractors in 1977 and succeeding years and may permit increases greater than those indicated in Annexe 5.



# Motions for the LPCs' conference

The following resolutions have been put forward by the Local Pharmaceutical Committees:

*Newcastle Upon Tyne*—"This meeting supports the PSNC's action in accepting Mr Ennals' proposals."

*North Tyneside*—"This meeting recommends agreement with PSNC acceptance of Mr D. Ennals' proposals but also recommends that delegates pursue trade union principles in all future negotiations."

*East Sussex*—"This committee with reluctance supports your sub-committee proposals to accept the Minister's redistribution proposals and the offer of £5 million. However we urge the PSNC to engage speedily the Ministry in negotiations towards a flow of new money into the profession in order to redress the inequities of the low return on capital, together with a fundamental new contract in the near future. We also request that the PSNC make the matter one of the greatest urgency with a view to reporting to conference in early spring 1978 of progress obtained."

*Lincolnshire*—"This conference views with dismay the apparent readiness of the PSNC to accept the opening offer of the Secretary of State as a final settlement and calls upon the Committee to resume immediately negotiations with a view to obtaining sufficient new money to finance a revised distribution of NHS remuneration."

*Nottinghamshire*—"This committee asks conference to reject the Secretary of State's offer and in the event of the Department of Health being unable to meet the PSNC claim for adequate remuneration, it asks the Department to prepare a scheme for the nationalisation of all contractors."

*Sefton*—"In spite of the recommendation of the PSNC we were unanimous that the offer should be turned down as the Minister's juggling with figures will in no way benefit pharmacy and the only thing that will be to make more money available."

*Suffolk*—"This meeting rejects the Secretary of State's proposals but urges the PSNC to construct a more equitable scheme for a differential on-cost, using the £3m promised by the Minister to "prime the pump" to enable pharmacies in groups 1, 2 and 3 to achieve the 16 per cent return on capital the contract provides."

*Leicestershire*—"This committee rejects

the proposals and in its place there must be a PSNC scheme which would include: Controlled distribution of pharmacies; Essential Small Pharmacies Scheme to remain in PSNC control; basic practice allowance and premises allowance to be incorporated in any proposal."

*Cheshire*—"This conference rejects the Secretary of State's offer and proposes that the extra money offered, supplemented by up to £2 million derived from retrospective payments due to contractors should be allocated selectively by grant to essential pharmacies as under the present Essential Small Pharmacies Scheme, but broader in scope."

*South Glamorgan*—"This conference views with concern the past acceptance of redistribution of funds within the global sum, and recommends that the PSNC demands that adequate finance be made available for the maintenance of pharmaceutical patient care."

*Bedfordshire*—"1. That the offer be rejected because it goes no way towards solving the problems of general practice pharmacy, which was the mandate given to PSNC at the last contractors' meeting. 2. This meeting deprecates the manner in which the Press have been notified of a sub-committee decision before it had apparently been ratified by a full meeting of the PSNC."

*Hereford & Worcester*—"1. That the advice of the PSNC to accept the Department's offer on remuneration be rejected completely and absolutely, and that we call on the chairman of the PSNC to resign. 2. That the PSNC should establish the appropriate pack size for each item in Part VA of the Drug Tariff according to cur-

rent usage, and then initiate discussion with manufacturers and the Department in order that these items shall be available in such sizes and paid accordingly."

*Mid-Glamorgan*—"That this conference rejects the Secretary of State's offer."

*Northumberland*—"That this conference requests the PSNC to investigate as a matter of urgency the benefits likely to arise from becoming registered as a trade union and to report all the relevant facts."

*City & East London*—"1. This conference urges the PSNC to set up a second Essential Small Pharmacy Scheme suitably adapted for urban areas in order to avoid the indiscriminate subsidising of every pharmacy dispensing a small number of prescriptions. 2. This conference rejects the proposals put forward by the Secretary of State on July 25. 3. Conference fully supports the remuneration policy of the PSNC as publicised prior to July 1977, insisting on complete rejection of any cuts in remuneration proposed by the Department of Health and demanding an increase in the rate of return on capital employed from 16 per cent to 26 per cent in order to meet the minimum requirement for the maintenance of an adequate pharmaceutical service."

*Somerset*—"No essential pharmacy should work at a loss as some in groups 1 and 2 must do under the new arrangement. The PSNC should immediately consult with the Pharmaceutical Society to work out a scheme for the planned distribution of pharmacies. To avoid further encroachment on rural pharmacies the new proposed payments should not apply to dispensing doctors."

## A solution to script pricing problems?

A scheme to remove "at a stroke" many of the problems concerned with prescription pricing was suggested by Mr F. Goulding, president, Association of the British Pharmaceutical Industry, last week.

Speaking at a Pharmaceutical Marketing Club meeting, Mr Goulding proposed a system of original pack dispensing with a manufacturer's price label attached to the pack. The label would be removed and attached to the prescription and the pharmacist could charge the Government for the exact amount owed, therefore removing the need for pricing bureaux.

The problems of the dates for price increases would no longer apply because the label would carry the actual price. The alleged abuse of doctors selling samples to pharmacists would also be removed, Mr Goulding added.

Turning to future prospects for the pharmaceutical industry Mr Goulding saw no threat to its survival—only changes, but industry would live with them he thought. The reason for his confidence was that nearly all advances over the past 40 years had emanated from industry's laboratories and he foresaw that con-

tinuing, rather than from any alternative form of research.

A spokesman for the Pharmaceutical Services Negotiating Committee said that the method of prescription pricing was not a problem—it was agreeing with the Department of Health the principle of payment of a new price from the day it changed, which would not be solved by Mr Goulding's suggestion.

## Too many candidates for pharmacy degrees

There are more apparently suitable candidates than places in pharmacy undergraduate courses starting this October, according to the Universities Central Council on Admissions. For pharmacology however there are more places than apparently suitable candidates. UCCA points out that last year over 23,000 candidates were considered in their clearing scheme which hopes to introduce unplaced candidates to unfilled courses. Of these, 9,000 were placed by clearing from a total university entry of almost 75,000.



# Company News

period last year. Sales rose from £19 million to £29.8m. Pre-tax profit dropped to £1.5m (£1.8m). The chairman, Dr Ernest Brookman, says in his interim statement that the increase in sales was partly due to recent acquisitions. Without them sales growth was 25 per cent. The outlook for the remainder of the year does not give much cause for encouragement, he says.

**Willow Proprietaries Ltd**, who recently launched a range of floral fragrances in the UK (*C&D*, August 20, p246), are to trade under that name rather than the Willow Cosmetics Ltd title. Their address is now 86 Belle Vue Road, Basing, Hants RG24 0JW (telephone 0256 23261).

**A. Shepherd & Co Ltd** have removed to Suite 7, Talland Parade, High Street, Scaford, East Sussex BN25 1PH (from Hampton Hill, Middlesex), Telephone 0323 896773.

## Appointments

**International Chemical Co Ltd:** Miss Leslie Halcomb has been appointed toiletries product manager. She replaces Mrs Ann Sandford who has gone to Australia.

**Ronson Products Ltd:** Mr David Walker and Mr Les Maxwell have been appointed as representatives for the electrical division sales force. Mr Walker covers north London and Hertfordshire and Mr Maxwell Scotland (excluding the Border county). Mr Oliver Trigg has joined the electrical division as marketing manager.

**Willows Francis Group:** Mr D. W. J. Milligan has been appointed a director of the operating company, to have overall responsibility for the marketing and sales functions of the veterinary ethical division and the pharmaceutical OTC division. Mr Milligan is chairman of the Pharmaceutical Marketing (Veterinary) Club and vice-chairman of the Association of the British Pharmaceutical Industry veterinary information and exhibitors committee.

## Coming Events

### Tuesday, September 13

**Galen Group, Croydon,** Friends' Meeting House, Park Lane, Croydon, at 8 pm. Demonstration of flower arranging by Mrs A. Lydall.

### Thursday, September 15

**Bristol Branch, Pharmaceutical Society,** Edward Jenner Centre, Bristol Royal Infirmary, Bristol, at 7.30 pm. Open meeting on "What has local radio to offer?"

## Advance information

**Agricultural and Veterinary Pharmacists Group, Pharmaceutical Society,** 1 Lambeth High Street, London SE1 7JN, December 7. Annual meeting followed by talk on "Distribution of animal medicines under Part III of the Medicines Act." Weekend agricultural and veterinary course, Stratford-upon-Avon, October 15-16. Veterinary medicines residential course, London, November 14-18. Applications by September 23 to Mr R. E. Marshall, PSGB, 1 Lambeth High Street, London SE1 7JN.

**Interkama '77,** 7th International Congress and Exhibition for Instrumentation and Automation, Dusseldorf, October 6-12. Details from Dusseldorfer Messgesellschaft mbH, Postfach 32 02 03, D-4000 Dusseldorf 30.

**Biological Methods Group, Chemical Society:** Symposium on "Short term testing of chemicals for mutagenicity and carcinogenicity", Zoological Society, Regents Park, London NW1 4RY, October 4-9, at 10 am. Fee £6 including lunch. Further details and applications from V. J. Birkinshaw, Boots Co Ltd, Thoresby Street, Nottingham NG2 3AA, by September 23.

# Market News

## Cinnamon firmer

London, September 7: The volume of trade in most sectors of the market was slowly recovering during the week from the effects of the holidays in the UK and European mainland.

Cinnamon provided the main feature as supplies became tight following an apparent ban on shipments to Europe by Sri Lanka apart, that is, from existing contracts. It is understood that supplies are meanwhile being diverted to Mexico which takes the bulk of Sri Lanka's crop. Quills and featherings were sharply up in consequence. Also dearer were turmeric, up £70 ton at £590 and Turkish cumin seed at £590, up £150. The differential between white and black Sarawak pepper increased with black down £15 ton and white up by the same amount.

Changes in botanical prices were equally divided between rises and falls. Dearer were henbane, hydrastis and lemon peel and lower were lobelia, cascara, senega, gentian root and valerian. The balsams—Canada, Peru and Tolu—were higher; only copaiba was easier.

## Crude drugs

**Aloes:** Cape £1,400 ton spot; £1,380, cif. Curacao £2,250 nominal; no cif.  
**Balsams:** (kg) **Canada:** £11.10 spot; £10.80, cif.  
**Copaiba:** £1.95 spot; £1.80, cif. **Peru:** £6.10 spot; £5.90, cif. **Tolu:** £4.25 spot.  
**Benzoin:** Block £113 cwt spot; £112, cif.  
**Camphor:** Nature powder. Spot not quoted £6.30 kg, cif. Synthetic £0.78 spot; £0.78, cif.  
**Cinnamon:** (cif.) Seychelles bark £520 metric ton nominal. Ceylon quills 4 O's £0.76; lb. Ceylon featherings £410 metric ton nominal.  
**Cascara:** £990 metric ton spot; £970, cif.  
**Cherry bark:** spot £760 metric ton; £725, cif, new crop.  
**Chillies:** New Guinea birdseye £2,250-£2,275 metric ton.  
**Gentian:** Root £1.36 kg spot; £1.33, cif.  
**Ginger:** Cochin £1,270 ton, cif; Jamaican withdrawn; Nigerian split £1,250 spot; peeled £1,440, cif.  
**Henbane:** Niger £1,020 metric ton spot; £990, cif.  
**Hydrastis:** (kg) £9.40 spot; £9.25, cif.  
**Ipecacuanha:** (kg) Costa Rica, £8.10 spot nominal.  
**Kola nuts:** £340 metric ton, cif.  
**Lemon peel:** Unextracted £1,520 metric ton spot; shipment £1,480, cif.  
**Lobelia:** American £1,200 metric ton spot; European £1,130 spot; £1,120 shipment.  
**Pepper:** (ton) Sarawak black £1,350 spot; £1,240, cif. White £1,735 spot; £1,625, cif.  
**Sarsaparilla:** Mexican £1,720 metric ton spot; £1,700, cif. Jamaican £1,780 spot; £1,750, cif.  
**Seeds:** (metric ton, cif) **Anise:** China star £840.  
**Caraway:** Dutch £1,200 **Celery:** Indian £820.  
**Coriander:** Moroccan £680; Indian £510 **Cumin:** Egyptian £815; Turkish £840, **Dill:** £180. **Maw:** £750.  
**Senega:** (kg) Canadian old crop £13.20 spot, new crop £12.65, cif.  
**Turmeric:** Madras finger £590 ton, cif.  
**Valerian:** Pakistan root £1,250 metric ton spot; £1,200 forward; European £1,970; £1,950 forward.

## Essential and expressed oils

**Anise:** (kg) £17.00 spot nominal, £16.25, cif.  
**Cardamom,** English-distilled £375 kg.  
**Citronella:** Ceylon £1.35, kg spot; £1.30, cif. Chinese £2.20 spot, £2.25, cif.  
**Lemongrass:** Cochin £4.35 kg spot; £4.50, cif.  
**Peppermint:** (kg) Arvensis—Brazilian £5.50 spot; £5.50, cif. Chinese £5.10 spot; £5.40, cif. Piperata. American Far-West from £25 cif.  
**Sandalwood:** Mysore or East Indian £85 kg spot.  
**Sassafras:** Chinese not quoted. Brazilian £2.30 kg spot.  
**Spearmin:** (kg) American Far-West £16. Chinese spot £13.00, shipment £12.50, cif.

## Macarths look to cash sales for profits

"There is no doubt that while present financial constraints in the National Health Service continue, it is to cash sales that pharmacy must look for maintained profitability", says Sir Hugh Linstead, chairman, Macarths Pharmaceuticals Ltd, in his annual report (for results see *C&D*, August 6, p199).

The slight fall in net profit margins from the previous year reflected the present unsatisfactory situation in NHS remuneration for dispensing services, he says. Since the last report, there had been no increase in professional fees and rising costs of dispensed medicines had produced lower margins—gross margins had fallen by 2 per cent over the year.

Sir Hugh also notes a slight fall in NHS prescription numbers which he attributes to mild weather reducing the demand for medical services. However, he says that prices had continued to rise which had improved sales and profits. He believes that the company was holding its share of a depressed market.

Reporting the wholesale trends, Sir Hugh says the reduction in pharmacy numbers also affected pharmaceutical distributors by concentrating available business into fewer, larger outlets—often branches of self-servicing multiples which purchased little from outside distributors. It was for that reason the company was expanding its distribution business through specialised hospital and agency arrangements.

For the future, Sir Hugh said the company was concerned at pressure from many major suppliers for earlier payment which, if taken too far, could pose considerable problems. There was a limit to the imbalance between debtor and creditor ratios which could be supported financially, particularly when inducements could not be offered to obtain earlier payment from retailers. In spite of that, Sir Hugh expects a prosperous year.

## Briefly

**Willows Francis Ltd** increased pre-tax profits by 48.7 per cent to £343,191 for the year ended June 30. Turnover increased from £2.236 million to £2.34m over the previous year. Share earnings rose from 7.6p to 10.7p and the total dividend increased from 3.5 to 3.8p.

**Revertex Chemicals** have announced a 56 per cent increase in sales during the first six months of the year over the same



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## Appointments

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PRINCE CHARLES HOSPITAL, MERTHYR

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The successful candidate will be required to carry out the commissioning of the Intravenous Sterile Products Unit and produce an operational procedure manual for pharmaceutical manufacturing in the Hospital.

Mr. A. H. Pryce, the District Pharmaceutical Officer, Tel. Merthyr 0685-3401, Ext. 8—would be happy to supply further details, arrange an informal visit and discuss accommodation.

Write for an application form and job description to:—  
**Area Personnel Officer, Mid Glamorgan Health Authority, 18, Cathedral Road, Cardiff.**

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## Miscellaneous

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